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Anaphylaxis Management and Prevention Administrative Procedures and Toolkit

Missoula County Public Schools: Administrative Procedures and Toolkit

Anaphylaxis Management and Prevention Plan

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1. INTRODUCTION: ALLERGIES AND ANAPHYLAXIS

What is an allergy?

An allergy occurs when a person's immune system reacts to a substance that is harmless for most people. These usually harmless substances are called allergens. Common allergens include dust mites, pollens, animals, insects, foods, medications and latex. In an "IgE mediated" allergy, the immune system over reacts and produces substances (antibodies) that "fight" the intruder (allergen). Those antibodies cause the body to release chemicals, including histamine, causing an allergic reaction.

What are symptoms of an allergic reaction?

An allergic reaction can range from very mild to life threatening. Seasonal allergies, often called hay fever, may cause a runny nose or itchy eyes. Life threatening reactions are called anaphylaxis (pronounced an-a-fi-LAK-sis). Anaphylaxis can occur from stinging or biting insects, medication, foods or latex. Allergy to foods are increasing; the American Academy of Asthma, Allergy and Immunology (AAAAI, 2014) report that it is currently estimated that 8-9% of school age children have at least one food allergy.

Symptoms of anaphylaxis can include the following:

Mouth: Itchy, swelling of tongue and/or lips

Throat: Itchy, tightness/closure, hoarseness, trouble breathing/swallowing

Skin: Itchy, hives, redness, swelling, red watery eyes

Gut: Nausea, vomiting, cramps, diarrhea

Lung: Short of breath, wheeze, repetitive cough

Heart: Pale or blue skin color, dizzy/faint, weak pulse

Neurological: Sense of "impending doom," irritability, change in alertness, mood change, confusion

Other: Itchy, red, watery eyes

What foods can cause anaphylaxis?

The Food Allergy Research and Education Organization (FARE, 2014) reports that “although nearly any food can cause an allergic reaction, 90 percent of all food-allergic reactions are caused by one of eight foods in the United States. These foods are: **peanuts, tree nuts, milk, egg, wheat, soy, fish and shellfish**” In school age children, Portnoy and Shroba (2014) state that “the most common foods that cause reaction in school age children include milk, egg, soy, wheat and peanut.”

How are Life Threatening Allergies treated?

While some people “grow out” of certain allergies, many do not. Some allergies may be treated by giving “de-sensitizing shots” which over time decrease the allergic reaction to that allergen. However, sensitizing shots are not currently available for many kinds of allergies.

It is important to prevent allergic reactions by avoiding the allergen. Because this is often more difficult than it may seem, it is important that anaphylaxis, if it occurs, is recognized and treated quickly. Epinephrine is the “first-line” medication used to treat anaphylaxis.

What is food intolerance?

Food intolerance doesn’t involve an immune system response and is typically caused by a lack of a digestive enzyme. An example of this is lactose intolerance. The symptoms of food intolerances are not life threatening but cause physical symptoms such as bloating, abdominal pain or headaches. (National School Board Association, Safe at School and Ready to Learn, 2012)

Procedures and Toolkit Purpose:

This toolkit is part of Missoula County Public Schools administrative procedures. It is developed to support the following goals of allergy management:

1. To maintain the health and protect the safety of children who have life threatening allergies in ways that are developmentally appropriate, promote self-advocacy and competence in self-care and provide appropriate educational opportunities.
2. To ensure that interventions and accommodations outlined in individual health care plans and accommodation plans are based on medically accurate information and evidence based practices.
3. To define a formal process for identifying, managing and ensuring continuity of care for students with life-threatening allergies across all transitions. (PK-12)

2. ANAPHYLAXIS MANAGEMENT AND PREVENTION PLAN

A. Identification of students with food allergies:

1. The district will elicit, collect and review health information provided by the parent/guardian for each student upon school enrollment and periodically thereafter. Information will include what the allergen is, symptoms of previous reactions and history of epinephrine prescription.

2. The district will communicate with the parents/guardians of students with a Life Threatening Allergy (LTA) history to:

- a. Provide district procedures and discuss potential Section 504 Accommodation Plan eligibility.
- b. Provide **Anaphylaxis Action Plan** and **Food Substitution Medical Statement** (if applicable) for healthcare provider completion.
- c. Clarify and obtain additional health information including parental consent for the **Authorization for Release of Information** from the student's health care provider.

3. The district will request annual parental permission for medication administration and maintain records when obtained.

4. The district will sufficiently maintain and update student health records to identify life threatening allergies. (LTA).

B. Individual Written Plans

1. The district will utilize a standard **Anaphylaxis Action Plan**.

- a. The **Anaphylaxis Action Plan** will be consistent with national standards of anaphylaxis treatment. The district will use either a form provided by a recognized professional source or a district developed form. The district may develop an **Anaphylaxis Action Plan** by incorporating national standards, state laws, district needs and in consultation with local medical professionals.
- b. The **Anaphylaxis Action Plan** will serve as the Emergency Care Plan.
- c. The **Anaphylaxis Action Plan** will be individualized and completed by the health care provider annually.

2. The district may maintain stock epinephrine at each school site as per district policy. See Policy 3416 Administration of Medication. If the district is maintaining stock epinephrine the **Stock Epinephrine Protocol** is in effect for all students if there is not a current **Anaphylaxis Action Plan** for an individual student.

3. The district will follow Section 504 procedures. See Policy 2162P Section 504 of the Rehabilitation Act of 1973. For students with a Life Threatening Allergy this entails:

- a. Requesting parental permission for Section 504 evaluation.
- b. Completing the evaluation when parental permission is obtained. Information used for an evaluation may include information from the parent, student, health care provider and/or health care records.
- c. Meeting to determine eligibility. A team of knowledgeable people will determine if the student is eligible. If the student is determined to be eligible and there are medically needed accommodations, a 504 plan will be developed.
- d. The 504 plan may list the needed accommodations or refer to the Individual Healthcare Plan (IHP) that incorporates a listing of the accommodations.

4. The district will follow applicable special education procedures for those students with an Individual Education Plan (IEP) and a life threatening allergy by specifying needed accommodations in the Individual Education Plan (IEP) or Individualized Healthcare Plan (IHP). (See Policy 2161 Special Education and Accommodations.)

5. The Registered (School) Nurse will develop an Individualized Healthcare Plan (IHP) for students who have a life threatening allergy when the parent/guardian has consented to an evaluation and when the student has been determined to be eligible for an accommodation plan.

- a. Components of an Individualized Healthcare Plan (IHP) for life threatening allergies may include or be based on student identification information, allergens, summary of pertinent medical history, **Food Substitution Medical Statement**, day to day management of the allergy, developmental levels, and self-care and self-advocacy ability and goals. Addendums include the **Anaphylaxis Action Plan** and may include a transportation plan and any other related items as needed.
 - b. The Individualized Healthcare Plan (IHP) may incorporate a listing of the medically needed accommodations. Alternatively, accommodations may be listed directly in the Section 504 plan form or Individual Education Plan (IEP).
 - c. The Individualized Healthcare Plan (IHP) is attached to the Section 504 plan or Individual Education Plan (IEP).
6. The district will designate individuals in each school who are responsible for establishing and monitoring successful implementation of the **Anaphylaxis Action Plan**, Individual Healthcare Plan (IHP) and Section 504 Plan as applicable.
7. The district will utilize an **Anaphylaxis Reporting Form** for all known incidences of anaphylaxis with or without epinephrine administration.
8. Revision of plans will be considered when any degree of allergic reaction occurs in school for a student with life threatening allergy.

C. Medication: Storage, Access and Administration specific to life threatening allergies

Also see Policy 3416 Administration of Medication and Administrative Procedures

1. The district will receive and retain annual treatment orders from licensed healthcare providers for students with life threatening allergies.
 - a. The treatment order must be in the format of an **Anaphylaxis Action Plan** and will specify what medications are used for what allergic symptoms.
 - b. Any staff member may activate the individual **Anaphylaxis Action Plan** or the **Stock Epinephrine Protocol** for suspected anaphylaxis as per state law and district policy. Principals will direct all staff to complete annual anaphylaxis training.
2. Emergency medications will be stored in the school office health area unless otherwise specified in one or more of the plans (**Anaphylaxis Action Plan**, Individual Healthcare Plan (IHP), Individual Education Plan (IEP) or Section 504 plans).
 - a. Parents will be asked to provide two epinephrine auto injectors.
 - b. The medications will be secure but accessible during usual school hours by storing in an unlocked but supervised area that is not readily accessed by students or non-staff.
 - c. The district will monitor expiration dates and notify parent if the medication is expired.
 - i. In the event of anaphylaxis, expired student specific epinephrine should only be administered if the stock epinephrine is unavailable and if the medication appears clear in medication window if available.
 - d. **Anaphylaxis Action Plans** and parent supplied student specific medication will be taken with on off campus activities.
 - i. Immediate treatment of anaphylaxis with epinephrine will not be possible on off campus activities if the parent has not supplied the school with medication and the student does not carry their own medication. **Staff will call 911 for all anaphylaxis.**

e. Students who participate in school sponsored activities after usual school hours will be encouraged to carry their medications with them as per state law and/or accommodation plans.

i. Alternative medication placement or access will be determined on a case by case basis.

3. The district will allow students to carry and/or self-administer allergy medication in accordance with state law and district policy. See Policy 3416 Administration of Medication and MCA 20-5-420. Self-administration or possession of asthma, severe allergy, or anaphylaxis medication.

a. Students, who have healthcare provider and parental permission to carry with intent to self-medicate, will be initially assessed by the school nurse for developmental appropriateness and knowledge of the treatment plan (*Anaphylaxis Action Plan*.)

i. The outcome of this assessment will be communicated to the parent.

ii. Significant concerns will be communicated to the healthcare provider.

b. Parents will be encouraged to provide a secondary supply of medications to the school. That supply of medication is typically kept in the school office health area.

4. **911 will be called immediately in all cases of epinephrine administration.**

a. Parent/guardian notification will occur after epinephrine administration.

b. Documentation of medication administration will be placed into student file (electronic or written).

5. The district may maintain stock epinephrine at each school site as per district policy. See Policy 3416 Administration of Medication. If the district is maintaining stock epinephrine, then:

a. The district will coordinate "standing orders" named "*Stock Epinephrine Protocol*" with local healthcare provider(s) who have expertise in anaphylaxis treatment.

b. Stock epinephrine (2 auto injectors) will not be taken off the school campus unless the entire student population is also taken to the same location.

c. Stock epinephrine is not intended to replace individual student prescribed epinephrine that the parent/guardians are expected to supply.

D. Healthy School Environments: comprehensive and coordinated approach

1. Classroom and Academic Environment

a. The following measures will be taken to reduce allergens in all schools.

i. Peanut butter and any nut butter or spreads may not be used in projects that are manipulated i.e. touched by any students. An example of a manipulated project is making bird seed hangers with peanut butter.

ii. All students will be asked to wash their hands after projects that involve manipulation (touching) of any food substance. Examples may include flour based "plaster" projects.

iii. Schools will discourage the use of foods as an incentive or reward.

iv. Staff will not distribute candy or other food including at holidays to ANY student unless they are the classroom teacher for that student or if a student's medical plan allows. This **does** not include food served by school food programs or food sold for fundraising that students purchase for themselves.

b. 504 accommodation/Individual Education Plan (IEP) teams may implement accommodations to further reduce allergens in the school setting for an individual student when a need is determined. The team considers environmental, developmental and medical needs to make this determination.

- i. Parents/Guardians will be encouraged to sign an *Authorization for Release of Information* to allow the school to receive records and/or communicate with the student's health care provider. This facilitates the evaluation of accommodation needs.
 - ii. School settings include the student's classroom(s), cafeteria, recess, field trip, bus and extracurricular activities.
 - iii. The following addendums should be utilized when applicable: *Accommodation Template*, *Classroom Restriction of Allergen Letter Template*, and *Allergen Sensitive Zone Signs*.
- c. The district will promote the school community's knowledge of life threatening allergies by use of informational posters, letters, newsletters, web postings or curriculum incorporation.
- d. The district will communicate rules and expectations about bullying related to food allergies, including appropriate conduct, consequences and related disciplinary actions. (See Policy 3225 Harassment, Intimidation, and Bullying Prevention)
- e. Principals will direct all staff to complete annual anaphylaxis training.
 - i. Classroom teachers will be encouraged to complete additional training in basic prevention and risk reduction procedures including food handling to prevent cross contact, reading product labels and identifying hidden allergens. (30 minute on line food allergy training with completion quiz and certificate)
- f. Schools will encourage all students to wash hands before and after food is eaten.
- g. Supervising staff for recesses will have access to *Anaphylaxis Action Plans*.

2. Food service and cafeteria:

- a. The district will ensure a process of reviewing menu items to identify potential allergens and make appropriate accommodations as outlined in *Food Substitution Medical Statement* received from a healthcare provider for meals served to students with life threatening allergies.
- b. The district will ensure that procedures are in place to identify students with life threatening food allergies in the cafeteria setting. Photos may be posted in area visible to food service staff but not to students.
- c. The district will make available specific areas/tables that are allergen sensitive by utilizing the *Allergen Sensitive Table Procedures* when needed by in an accommodation plan.
- d. Food service will encourage hand washing before and after meals.
- e. Food service will enforce a no sharing of food rule or sharing utensil rule for all students.
- f. Food service will be aware of "food bullying". Prompt and effective response action is required. Food service staff will report to school administrator or designees. (See Policy 3225 Harassment, Intimidation, and Bullying Prevention)
- g. Food Service staff will complete annual training in prevention of cross contact of allergens, reading labels for the presence of allergens, how to identify hidden allergens, how to deal with food related bullying, anaphylaxis recognition and implementing emergency procedures.
- h. Cafeterias will have a phone or two way radio devices to call for assistance in the case of an emergency.

3. Buses

- a. Transport company staff will enforce a no-eating policy for the daily transport back and forth

between school and home. Exceptions will be made for other students with accommodation need (example: medical necessity for diabetes)

b. All school buses will have two way communication devices.

c. Bus drivers will be trained in allergy awareness, basic prevention/risk reduction procedures, recognition of allergic reaction, treatment of an allergic reaction when medication is available and implementation of bus emergency response procedures.

4. Extracurricular activities, before- and after-school activities, field trips, and community use of facilities

a. Field trips:

i. The district will ensure the Anaphylaxis Management and Prevention procedures and any student specific accommodations plans are in effect for field trips.

ii. Student specific medication and *Anaphylaxis Action Plans* will be taken with on off campus activities.

iii. Staff will be encouraged to bring a cell phone with on field trips

iv. Staff will consider allergies and student specific accommodations when planning off campus activities.

v. Staff will discourage trading of food and sharing of utensils.

vi. Staff will encourage hand washing practices before and after eating.

vii. The district will encourage and permit but not require parents of students with allergies to attend field trips/activities.

a. Before and After School Activities:

b. The district shall provide anaphylaxis training for entities receiving substantial assistance from the school district.

E. Communication and Confidentiality

1. The district will comply with state and federal privacy and confidentiality laws in all communications.

2. The district will ensure notification to staff directly responsible for students with a Life Threatening Allergy of that student's individual *Anaphylaxis Action Plan*.

3. The district will inform parents of students with life threatening allergies of the district procedures and of their due process rights. (Section 504)

4. The district will enhance general awareness of life threatening allergies with signs, newsletter or web postings.

5. The district will inform staff of their responsibilities in implementing these procedures.

F. Emergency Response

Response to an emergency is one of four parts of emergency management. The other areas are prevention/mitigation, preparedness and recovery which are addressed in other sections of these procedures. This section is about the response required to an anaphylaxis emergency. (Also see Policy 3431 Emergency Treatment)

1. Individual emergency care plans (*Anaphylaxis Action Plans*) outline recognition of the emergency and what action is required. For students without a known life threatening allergy or for students who do not have a

current *Anaphylaxis Action Plan*, the *Stock Epinephrine Protocol* will be used if in effect.

2. As per the above plans, school policy and state law **emergency services (911) will be called for all suspected anaphylaxis and for all instances of epinephrine administration**. It is expected that transport of the student to the hospital will occur. If parents are present, they will be encouraged to allow the student's transport to the hospital.

3. The following actions need to occur in an anaphylaxis emergency:

- a. Recognition of potential anaphylaxis.
- b. Retrieval of the Individual *Anaphylaxis Action Plan* and student specific epinephrine. If either isn't available, school stock epinephrine and/or *Stock Epinephrine Protocol* will be used. If none are available (example on a field trip if no individual student plan and medication then proceed to calling 911)
- c. Administration of epinephrine. Note time.
- d. Calling 911. This should be either a simultaneous step with "b" above or immediately after epinephrine administration. Tell 911 operator that this is an episode of anaphylaxis
- e. Monitoring of the student. Stay with the student. Remain calm. Reassure the student. Have the student lay down. Turn student onto their side if nausea or vomiting are present. If difficulty breathing, student may need to sit (if tolerated) for improved lung expansion.
- f. Contacting the student's parent/guardian.
- g. Managing "crowd control". Reassure and attend to other students as applicable.
- h. Meeting EMS at the school entrance.
- i. Accompanying student to emergency care facility unless parent is present.
- j. Notifying school administration.
- k. Notifying the school nurse who will facilitate:
 - Completion of *Anaphylaxis Reporting Form*.
 - Review of event for "debrief" to provide feedback to staff and identify areas for improvement.
 - Documentation in student record.
 - Discussion of incident with parent and if needed, the school team and health care provider to evaluate need for additional prevention strategies.

G. Professional Development and Training for School Personnel

1. The district will provide annual anaphylaxis training to district personnel who have student supervisory responsibility.
2. The district will provide additional skill instruction and practice for those specifically assigned to administer epinephrine or who are likely to be present during an allergic reaction.
3. The district will encourage continuing professional education in allergies and anaphylaxis to the health services staff.
4. The district will encourage staff to complete additional training in basic prevention and risk reduction procedures including food handling to prevent cross contact, reading product labels and identifying hidden allergens. (30 minute on line food allergy training with completion quiz and certificate)

H. Awareness Education for Students

1. The district will foster allergy awareness for all students. Awareness may emphasize:
 - a. Support for classmates with chronic health conditions, such as food allergy, to maximize inclusion and minimize harassment, discrimination, isolation, and endangerment.
 - b. Bullying prevention, including reporting any harassment, hazing (e.g., forced consumption of the known allergen), or bullying to appropriate school personnel. The school's response to bullying should be made clear at the outset, should be enforced, and should be both therapeutic and punitive, when appropriate.
 - c. Knowledge of potential allergens and the signs, symptoms, and potential of a life-threatening reaction.
 - d. Differences between life-threatening food allergy and food intolerance.
 - e. Actions needed to respond to emergency situations that might result from a life-threatening food allergy reaction.
 - f. Developmentally-appropriate self-management of food allergy.
 - g. Importance of following district procedures or specific directions regarding hand washing, food-sharing, allergen-safe zones, and student conduct.
2. Students who have healthcare provider and parental permission to carry with intent to self-medicate will be assessed by the school nurse for developmental appropriateness and knowledge of the treatment plan (*Anaphylaxis Action Plan*.)

I. Awareness Education and Resources for Parents/Guardians

The district will promote parent/guardian knowledge and understanding of the special needs of students with allergies and of school procedures.

1. Parent/caregiver (of students with allergies) education and resources will foster:
 - a. Trusting and collaborative relationships among district/school personnel, families, and community members, particularly licensed healthcare providers.
 - b. Clear communication channels between parents/caregivers and the school system.
 - c. Recognition and respect for the needs of both individuals and the larger student population.
 - d. Parental/caregiver responsibility for educating their children about the seriousness of food allergies and how to be supportive of fellow students with food allergies.
 - e. Realistic expectations and commitments about how food allergies can be managed in school settings.
 - f. Knowledge of district/school policies, procedures, and plans for managing students with chronic health conditions (including food allergy and addressing their safety through all-hazard response plans and no bullying policies).
2. The district will inform all Parents/guardians on the following:
 - a. Signs, symptoms, and risks associated with food allergy and life-threatening reactions (anaphylaxis).
 - b. District/school policies, procedures, and plans for managing students with food allergies.
 - c. Parental responsibility to provide pertinent medical information/materials and medications for their child.

- d. Access to informational resources on food allergy from credible sources
- e. Restrictions to reduce the presence of foods and non-food items (e.g., arts and craft materials) in classrooms that have a student who has a food allergy.

J. Monitoring and Evaluation

Anaphylaxis procedures will be reviewed annually and updated if needed to:

1. Collect and review data on when and where medication was used and the impact on the affected individual(s).
2. Identify risks and modify policy or procedures if needed.
3. Align with current science on food and other allergies.
4. Comply with current state and federal legislation, recommendations, and/or procedures.

Glossary of Terms

Allergen: (St. Louis Children's Hospital) A substance that triggers an allergic reaction. (Food Allergy Managements and Education Program, FAME, 2014)

Allergen Sensitive Zone: An identified area that the school community is informed that a particular allergen is not allowed.

Anaphylaxis: (American Academy of Asthma, Allergy and Immunology, AAAAI) Anaphylaxis is a rare but severe allergic reaction. It occurs suddenly, can worsen quickly and can be deadly. Anaphylaxis happens after being exposed to a triggering agent. The agent leads to the release of normal body chemicals such as histamine that cause allergy symptoms. (Anaphylaxis Overview, 2014)

Anaphylaxis Action Plan: A plan that outlines anaphylaxis symptoms and the emergency treatment to be provided. This serves as an Emergency Care Plan specific to anaphylaxis and is completed by the healthcare provider.

Bus Transport Plan: An emergency care plan developed by the school nurse as part of an Individualized Healthcare Plan that outlines what is a health emergency for a specific student and how to respond in the bus environment. For LTA, the transport plan would incorporate or be attached to the Anaphylaxis Action Plan. Accommodations specific to transportation are incorporated into the transport plan.

Celiac Disease: (AAAAI) Celiac disease, a digestive condition, is an inherited autoimmune disorder that can damage the small intestine. Individuals with Celiac disease experience an immune reaction when eating gluten containing products such as wheat, barley, rye and sometimes oats. Gluten can also be found in medicines, vitamins and lip balms. The immune reaction from gluten occurs in the small intestine damaging the villi and causing abdominal pain, bloating or diarrhea. The villi help the body absorb nutrients from food so as the condition progresses, malnourishment occurs. Diagnosing Celiac disease involves the measurement of several blood tests and may also require a small intestine biopsy through an endoscopy procedure. (Gluten

Intolerance 2014, Celiac Disease, 2014) Symptoms are controlled with a gluten-free diet.

Cross Contact/Cross Contamination: (St. Louis Children's Hospital) Occurs when the proteins from various foods mix, rendering „safe“ foods “unsafe.” This can occur in the cooking process by using contaminated utensils, pans, frying oils, grills, etc. (FAME, 2014)

Epinephrine: Epinephrine, also called adrenaline, is the primary and initial treatment for anaphylaxis. It is injectable and supplied for out of the hospital settings in a device called an auto-injector. Brand names include EpiPen® and Auvi-Q®.

Food allergy: (National School Boards Association, NSBA) Food allergy occurs when the immune system: 1) identifies a food protein as dangerous and creates antibodies against it; and 2) protects against the danger by releasing substances, such as histamine, tryptase, and other mediators, into our blood when that food is eaten. The release of these substances results in the symptoms of a food allergy reaction. (Safe at School and Ready to Learn, 2012)

Food bullying: (NSBA) Physically, verbally, or emotionally abusive behavior toward a person known to have a food allergy (e.g., smearing peanut butter on the face of a child who is allergic to peanuts). The bullying of children with food allergies takes on greater urgency due to the life-threatening nature of the condition. (Safe at School and Ready to Learn, 2012)

Food intolerance: (NSBA) An adverse reaction to food that does not involve the immune system and is not life-threatening. Lactose intolerance due to trouble digesting milk sugar lactose is a common example. Symptoms might include abdominal cramps, bloating, and diarrhea. (Safe at School and Ready to Learn, 2012)

Gluten Intolerance: (AAAAI) Gluten is a protein found primarily in wheat, barley and rye. If a person has gluten intolerance, this protein can cause digestive problems such as gassiness, abdominal pain or diarrhea. Gluten intolerance is sometimes confused with Celiac disease, or thought of as a food allergy. While avoiding particular foods is a treatment strategy for all three, these are not the same conditions. Food intolerances such as gluten involve the digestive system. With a food allergy, the immune system overreacts to a particular food causing symptoms that are potentially serious or even life threatening. Celiac disease is an inherited autoimmune disorder that can damage the small intestine. (Gluten Intolerance, 2014)

Individual Healthcare Plan: A written plan that addresses how the student's health needs are met in the academic setting. It is developed by the registered nurse using the nursing process and incorporates healthcare provider orders for medications or treatments if applicable.

Life Threatening Allergy (LTA): Commonly understood as the medical diagnosis of having the potential for an anaphylactic allergic reaction for which an epinephrine auto-injector is then prescribed to have available in the event of anaphylaxis.

Oral food challenge (OFC): (FARE) A highly accurate diagnostic test for food allergy performed by an experienced allergist at a medical facility where the appropriate medications and equipment are available.

They can be double blind (the gold standard for diagnosing food allergies), single blind or open. (Oral Food Challenge, 2014)

Prick Skin Test: (St. Louis Children's Hospital) A skin test in which an extract of the food is placed on the skin of the lower arm. The provider will then scratch this portion of the skin with a needle and look for swelling or redness, which would be a sign of a local allergic reaction. Skin tests are simple and relatively safe when performed in a physician's office. (FAME, 2014)

RAST (Radioallergosorbent Test): (St. Louis Children's Hospital) Measures the presence of food-specific IgE in the blood. (FAME, 2014)

Section 504: (NSBA) Part of the federal Rehabilitation Act of 1973, Section 504 prohibits discrimination based on disability in any program or activity receiving Federal financial assistance. An "individual with a disability" protected under Section 504 may include persons with food allergies. Under the Section 504 regulations, schools are required to evaluate students to determine if they are protected under the law and to provide any accommodations that may be necessary for the student to participate in the educational program. Often, schools develop "Section 504 plans" or Individual Healthcare Plans to describe how the food allergy will be accommodated. (Safe at School and Ready to Learn, 2012)

Stock Epinephrine Protocol: Stock epinephrine refers to a supply of epinephrine that the school may have available to be used in any person suspected of experiencing anaphylaxis. Protocol is the written procedures to identify anaphylaxis and to provide treatment. (See MCA 20-5-421. Emergency use of epinephrine in school setting)

Resources

1. AllergyHome.org. *Food Allergy School Staff Training Full Length Module*. Retrieved at <http://www.allergyhome.org/schools/food-allergy-school-staff-training-full-length-module/> on October 31, 2014
2. AllergyHome.org. *How to read an ingredient label*. Retrieved from <http://www.allergyhome.org/how-to-read-a-ingredient-label-for-food-allergies/> on October 31, 2014.
3. American Academy of Allergy, Asthma and Immunology. Allergy Statistics. Retrieved from <http://www.aaaai.org/about-the-aaaai/newsroom/allergy-statistics.aspx> on August 30, 2014
4. American Academy of Allergy, Asthma and Immunology. Allergies. Retrieved from <http://www.aaaai.org/conditions-and-treatments/allergies.aspx> on September 7, 2014
5. American Academy of Allergy, Asthma and Immunology. Anaphylaxis Overview. Retrieved from <http://www.aaaai.org/allergist/allergies/Anaphylaxis/Pages/default.aspx> on October 20, 2014.
6. American Academy of Allergy, Asthma and Immunology. Celiac Disease. Retrieved from <http://www.aaaai.org/conditions-and-treatments/conditions-dictionary/celiac-disease.aspx> on November 7, 2014.
7. American Academy of Allergy, Asthma and Immunology. Gluten Intolerance. Retrieved from <http://www.aaaai.org/conditions-and-treatments/conditions-dictionary/gluten-intolerance.aspx> on

November 7, 2014.

8. Cedar Fall School District. 2014. Allergy Sensitive Environment Card.
9. Centers for Disease Control and prevention. *Voluntary Procedures for Managing Food Allergies in Schools and Early Care and Education Programs*. Washington, DC: US Department of Health and Human Services; 2013.
10. Food Allergy Research and Education. Food Allergies. Retrieved from <http://www.foodallergy.org/allergens> on September 7, 2014
11. Food Allergy Research and Education. Oral Food Challenge. Retrieved from <http://www.foodallergy.org/diagnosis-and-testing/oral-food-challenge?> On November 3, 2014.
12. National Association of School Nurses. *Sample epinephrine reporting form*. Retrieved from <http://www.nasn.org/ToolsResources/FoodAllergyandAnaphylaxis> on December 8, 2014.
13. National School Boards Association. *Safe at school and ready to Learn: A Comprehensive Policy Guide for Protecting Students with Life Threatening Allergies*. Alexandria, VA. 2012.
14. Portnoy JM, Shroba J. (October 2014) Managing food allergies in schools. *Current Allergy and Asthma Reports*. 14(10):467. doi: 10.1007/s11882-014-0467-z.. Published on line August 2014.
15. St. Louis Children's Hospital. (2014) Food Allergy Management and Education Manual and Toolkit. Retrieved from <http://www.stlouischildrens.org/health-resources/advocacy-outreach/food-allergy-management-and-education/food-allergy-management-and> Retrieved October 31, 2014

Accommodations Template: Potential Accommodations

School staff and parent or legal guardians may consider this list when developing a Section 504 Accommodation Plan, Individualized Healthcare Plan and/or Individual Education Plan. Plan(s) are written when a student is eligible and accommodations determined to be medically needed for a life threatening allergy.

- This list is not intended to be all-inclusive; some students may not require all accommodations or may require an accommodation not listed.
- All plans must be individualized for the particular student depending upon factors such as medical history and documented medical need, developmental level, ability for self-care and self-advocacy and unique school environment.
- Plans should incorporate the promotion and teaching of student self-advocacy and self-care that is developmentally appropriate and that evolves as the child matures. It is expected that younger students may require additional safeguards to maintain a safe environment that an older student may self-manage. Accommodations are implemented in all school settings unless otherwise stated: student's classroom(s), cafeteria, recess, field trip, bus and school sponsored extracurricular activities.

Possible Accommodation	Responsible Person(s)
Staff will limit classroom rewards to non-food items	Individual Teachers and Principal
Staff will ensure that classroom projects that are touched by students do not contain _____ (the food this student is allergic to).	Individual teachers
The teacher will ask this student to retrieve his/her emergency medications from the office prior to off- campus activities.	Individual teachers
The staff will limit food distribution to this student to food provided by the parent for all meals, snacks and celebrations.	Cafeteria staff, individual teachers, principal
The staff will give this student an alternate "safe snack" provided by the parent if there is any question that classroom snacks potentially have student's allergen in them.	Individual teachers
The staff will strive to verify that foods brought into the classroom don't have _____ (the specified allergens) in the ingredients and only allow those foods to be eaten by any students within the classroom.	Individual teachers
The classroom teacher will encourage this student to ask an adult each time "Is this food safe for me?" prior to eating any food in the classroom.	Individual teachers
School staff working with the student will assist the student to avoid his/her allergens by reading available labels. (<i>Alternative: Will assist student to check label, will verify with student that label was read, will remind student to read as per developmental level</i>)	Individual teachers

The school will post a sign at class doorway to inform staff, students and parents to not bring foods with _____ food allergen into the classroom.	Individual teachers in consult with school nurse
The school will send a standard letter to classmate's parents asking them to not send/bring _____ allergen containing foods to be eaten in the classroom.	Individual teachers in consult with school nurse
The school will ask classmates in the primary classroom to wash hands with soap & water on arrival to school and after lunch. All teachers of this student will wash hands as above.	Individual teachers
The school will ask the student with food allergy to <i>(Alternative: reminded to, encouraged to or allowed to as per developmental level)</i> wash their hands prior to eating.	Individual teachers
The school will clean the primary classroom including desks, tables and common surfaces after any extracurricular use prior to the next school day.	Principal, custodial staff
The school will ask the student to sit at allergen sensitive cafeteria table that is maintained per established procedures.	Principal, cafeteria staff , primary classroom teacher for off campus activities

Guidelines for Implementing Allergen Sensitive Cafeteria Tables

Objectives:

1. To provide a safe environment for student(s) who a life threatening food allergy, typically to peanuts or tree nuts. These allergens are of particular concern as peanut/nut products are often in the form of a butter which can be spread to other areas. Very young students may be at increased risk of sharing food and may require allergen sensitive tables for other allergens.
2. To provide for a normalized social meal environment while reinforcing and teaching appropriate lifelong safety measures for students with food allergies.

When to provide:

1. When a 504 team has determined this accommodation is needed.
 - a. These guidelines are written primarily for the K-5 school environment.
 - b. If needed for older students, the 504 team should discuss how this may be implemented in that particular school environment.



Implementation:

1. Train all lunch room staff to implement and maintain allergen sensitive tables.
2. Provide the lunch hostess and lunch aides' cafeteria related 504 accommodations.
3. Provide anaphylaxis training including recognition and actions needed to that staff that are responsible for lunchtime supervision of students.
4. Provide a designated area for food that lunch room staff bring in for themselves. This area should be well away from napkins, towels or anything students use.
5. Designate an allergen sensitive table to be used daily for students with applicable allergies as specified in accommodation plans.
6. Consider placing the table in closer proximity to the lunch hostess as this may provide increased supervision and consistent implementation. However, students needing allergen sensitive tables should sit with or near grade level peers. Individual school differences need to be taken into account.
7. Enforce a "No Food Sharing" rule for ALL students. (Allergic or not). Sharing food increases the risk of allergic reactions. Not sharing food may be the single most important lifelong habit to keep allergic students safe throughout their lifetime.
8. Clearly mark the table to decrease cross contamination risk. Note: Due to health sanitation rules, signs should not be taped to the top of the table. Examples to use include:
 - a. Red tape or paint on the legs of the table (Preferred option)
 - b. Permanent peanut/nut restriction notice painted on table top which is visible when table is folded for storage.
 - c. Table top identification such as a stand up sign placed on table when table is in meal use.
9. Seat a similar number of students at the peanut/nut restricted table as are at the other tables whenever possible. Individual school differences need to be taken into account.

10. Only allow students with hot lunch but no peanut butter and jelly sandwiches and students with peanut/nut allergies to sit at peanut/nut restricted table.
11. Exclude both peanuts and tree nuts for the entire peanut/nut restricted table. Exceptions to this may be made on a site specific basis when needed and possible per accommodation process.
Possible exceptions could be:
 - a. There is only one peanut or nut allergic student who requires a peanut/nut restricted table in the school. That child is allergic to either peanuts or tree nuts but not both. The student brings in a product that they are not allergic to such as almond butter, peanut butter etc. Their parent has taken on responsibility for ensuring that student's meal is safe without peanut/nut products. However, for safety reasons, only students with hot lunch (without peanut butter and jelly sandwiches) will be allowed to sit at the peanut/nut restricted table.
 - b. The 504 team for an individual student has determined that the entire table is not required to be peanut/nut restricted for that child and there is only one peanut or nut allergic child who requires the use the peanut/nut restricted table.
12. Procedure for cleaning peanut/nut restricted table:
 - a. Wash hands with soap and water or change into clean unused gloves before cleaning the peanut/nut restricted aware table.
 - b. Use a separate clearly marked bucket (i.e. red bucket for peanut/nut restricted table, brown bucket for all other tables) with either a bleach solution or "quat solution". Use a separate cloth and allow the table to air dry when using quat solution.
 - c. Do the following if there is more than one table with restrictions and those restrictions are different (example: a 4th grade table is peanut only restricted by a 1st grade table is peanut/tree nut)
 - i. Use different clearly marked buckets and different cleaning clothes for each type of allergen restricted table.
 - ii. Besides clearly marking, it may be easier if buckets looked different as well i.e. different color or size.
 - iii. Develop a system to reduce the chance of using the wrong bucket or cloth on a restricted table or mixing up of cloths.
 - d. Wash the peanut/nut restricted table before and after meal use.
13. Do these measures to prevent cross-contamination (cross-contact) in the lunch room environment.
 - a. Use only fresh washed hands or fresh gloves to touch the restricted tables.
 - b. Use only freshly washed hands or fresh gloves to assist children to open packages at the restricted table.
 - c. Scissors or knives used to open packages at the restricted table need to handled and cleaned separately than ones used to open items at the non-restricted tables.
14. Take measures to maintain peanut/nut or other allergen restriction for unusual circumstances.
Examples may include:
 - a. Lunch in in the classroom because the usual lunch space isn't available. Involve the classroom teacher. Discourage peanut, nut other restricted allergen if applicable in packed lunches that day. If other classmates have that allergen in their lunch that day, seat them in alternative location for that meal.

- b. Lunch occurs while on an off campus event. If lunch is provided by the school, request non-peanut/nut lunches (or other allergen if applicable). Discourage peanut/nut products in packed lunches for that day and if other classmates have peanut/nut products in their lunch, seat them away from student with allergy for that meal. Note: Seating should still allow socialization with classmates for all students.
- c. Lunch is outdoors and not at tables. Involve the teacher and lunch staff to ensure that student with allergy is in student group without peanut/nut products similar to how peanut/nut restricted table is normally implemented.

DAIRY SENSITIVE ZONE



**PLEASE DO THE FOLLOWING TO KEEP ALL STUDENTS IN
OUR SCHOOL COMMUNITY SAFE:**

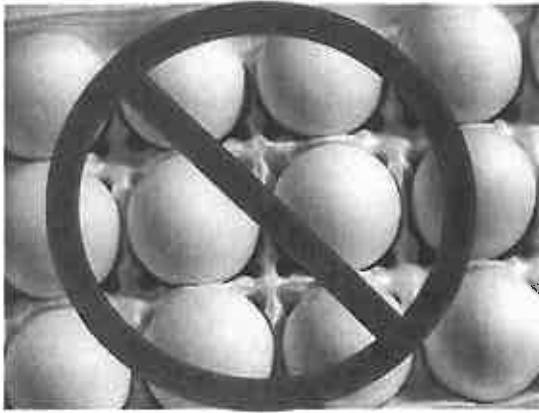
- Bring in only foods WITHOUT DAIRY.
- Wash your hands before you come into this room IF you recently touched or ate food with any dairy products in it.
- Only give children in this classroom ANY food AFTER checking first with the teacher.



**Thanks for
keeping us safe!!!**



EGG SENSITIVE ZONE



**PLEASE DO THE FOLLOWING TO KEEP ALL STUDENTS IN
OUR SCHOOL COMMUNITY SAFE:**

- Bring in only foods WITHOUT EGG in the ingredients.
- Wash your hands before you come into this room IF you recently touched or ate food with any eggs in it.
- Only give children in this classroom ANY food AFTER checking first with the teacher.



**Thanks for
keeping us safe!!!**

THE HISTORY OF THE CITY OF BOSTON



FROM THE
PUBLICATION OF THE FIRST EDITION
IN 1780

TO THE
PRESENT EDITION
BY
JAMES OSGOOD

THE HISTORY OF THE
CITY OF BOSTON
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PEANUT AND TREE NUT SENSITIVE ZONE



Tree nuts are nuts such as
almonds, cashews,
hazelnuts, pecans,
pistachios and walnuts

PLEASE DO THE FOLLOWING TO KEEP ALL STUDENTS IN OUR SCHOOL COMMUNITY SAFE:

- Bring in only foods WITHOUT TREE NUTS OR PEANUTS.
- Wash your hands before you come into this room IF you recently touched or ate food with any tree nuts or peanuts in it.
 - Only give children in this classroom ANY food AFTER checking first with the teacher.



Thanks for
keeping us safe!!!

PEANUT SENSITIVE ZONE



**PLEASE DO THE FOLLOWING TO KEEP ALL STUDENTS IN
OUR SCHOOL COMMUNITY SAFE:**

- Bring in only foods WITHOUT PEANUTS.
- Wash your hands before you come into this room IF you recently touched or ate food with any peanuts in it.
 - Only give children in this classroom ANY food AFTER checking first with the teacher.



**Thanks for
keeping us safe!!!**



TREE NUT SENSITIVE ZONE



Tree Nuts are nuts such
as almonds, cashews,
hazelnuts, pecans,
pistachios and walnuts

**PLEASE DO THE FOLLOWING TO KEEP ALL STUDENTS IN
OUR SCHOOL COMMUNITY SAFE:**

- Bring in only foods WITHOUT TREE NUTS.
- Wash your hands before you come into this room IF you recently touched or ate food with any tree nuts in it.
 - Only give children in this classroom ANY food AFTER checking first with the teacher.



Thanks for
keeping us safe!!!

Anaphylaxis Action Plan: Individual Student

Name: _____ Grade: _____ Date of Birth: _____

Weight: _____ lbs. Asthma ☐ Yes (greater risk of severe reaction) ☐ No

ALLERGY TO: _____

Health Care Professional Initial

If initiated, give epinephrine immediately if the allergen was definitely eaten or student stung as applicable to above allergy even if there are no symptoms present then call 911.

Health Care Professional Initial

If initiated, give epinephrine immediately if the allergen was likely eaten or stung as applicable to above allergy even if there are only mild symptoms present then call 911.

For a suspected or active allergy reaction:

FOR ANY OF THE FOLLOWING SEVERE SYMPTOMS



LUNG

Short of breath, wheeze, repetitive cough, chest tightness, blue skin and/or lip color



HEART

Pale, blue, faint, weak pulse, dizzy, or confused



THROAT

Tightness, hoarse, trouble breathing or swallowing



MOUTH

Swelling of tongue, lips or back of throat



SKIN

Widespread redness or hives, or eye swelling



GUT

Repetitive vomiting, severe diarrhea, or abdominal cramps



OTHER

Feeling of doom, confusion or loss of consciousness

OR A combo of mild or severe symptoms from different body areas.

Note: when in doubt, give epinephrine MILD SYMPTOMS



NOSE

Itchy/runny nose, sneezing



MOUTH

Itchy mouth



GUT

Mild nausea/discomfort



SKIN

Few hives, mild itch

1. Give antihistamines if ordered below
2. Stay with student
3. Contact parent and school nurse (see back page)
4. Monitor student closely for changes.

IF SYMPTOMS WORSEN, GIVE EPINEPHRINE

Note: Do not depend on antihistamine or inhalers (bronchodilators) to treat a severe reaction. Use Epinephrine

1. INJECT EPINEPHRINE IMMEDIATELY!!!

2. CALL 911. Request ambulance with epinephrine.

3. Give additional medications as noted below

- ☐ Antihistamine
☐ Inhaler (bronchodilator)

4. Monitor student. Note time Epi was given. Lay student flat with legs elevated. If difficulty breathing or vomiting sit or turn on side.
5. Give second dose of epinephrine in 5 minutes or more after the 1st does if symptoms do not improve or reoccur.
6. Call parent and school nurse (see back for contact numbers)
7. Student should be transported to the ER even if symptoms resolve and remain in ER for 4+ hours because symptoms may return.

See back page for Injection technique

MEDICATIONS/DOSES

Epinephrine Brand: ☐ Epipen® ☐ Auvi-Q®
Other: _____

Epinephrine Dose: ☐ 0.15 mg IM ☐ 0.3 mg IM

Antihistamine Brand or generic

Antihistamine Dose

Other (bronchodilator inhaler/dose)

☐ Student may carry medication AND self-medicate without supervision. As the medical provider, I confirm that this student has been instructed in the proper use of this medication and is able to self-administer this medication on their own without school personnel supervision.

Health Care Provider Signature

DATE

Health Care Provider PRINTED NAME

Phone Number

Parent/Guardian Signature

Date

PARENT: SEE BACK OF FORM TO COMPLETE

Form adapted May 2014 from Food Allergy Action Plan 8/13,
www.foodallergy.org, Food Allergy Research and Education (FARE)

NOTICE TO PARENT/GAURDIAN

The school district may have 'stock' epinephrine according to Section 20-5-420, MCA and School Board Policy 3416.

Epinephrine supplied by the district, where and when available, is NOT intended to take the place of parent supplied epinephrine or student carried epinephrine. Epinephrine, supplied by parent and given to the school or carried by the student, should be available for off campus activities or after school activities. This is the responsibility of the parent/ guardian.

 _____
Signature /Date

Parent/Guardian Contact Information:

1st:

Name Phone

2nd:

Name Phone

3rd:

Name Phone

School Nurse Contacts (School will add)

1st

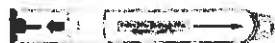
Name/Phone

2nd

Name/Phone

EPIPEN® And Epipen Jr Auto-Injector Directions

First, remove the Epipen Auto-injector from the plastic carrying case.



Pull off the blue safety release cap

Hold orange tip near outer thigh (always apply to thigh)



Swing and firmly push orange tip against outer thigh. Hold on thigh for ~ 10 seconds. Remove the Epipen auto-injector and massage the area for 10 more seconds.

For students who carry and/or self-administer

medications: Authorization by parent, individual who has executed a caretaker relative educational or medical authorization affidavit, or guardian:

See generally Mont. Code Ann. § 20-5-420

As the parent, individual who has executed a caretaker relative educational or medical authorization affidavit, or guardian of the above named student, I confirm this student has been instructed by his/her healthcare provider on the proper use of this/these medication(s). He/she has demonstrated to me he/she understands the proper use of this medication. He/she is physically, mentally, and behaviorally capable to assume this responsibility. He/she has my permission to self-medicate as listed above, if needed. If he/she has used epinephrine during school hours, he/she understands the need to alert the school nurse or other adult at the school who will provide follow-up care, including making a 9-1-1 emergency call.

- I acknowledge the school district or nonpublic school and its employees and agents are not liable as a result of any injury arising from the self-administration of medication by the student, and I indemnify and hold them harmless for such injury, unless the claim is based on an act or omission that is the result of gross negligence, willful and wanton conduct, or an intentional tort.
- I agree to work with the school in establishing a plan for use and storage of any backup medication. This will include a predetermined location to keep backup medication to which the student has access in the event of an asthma, severe allergy, or anaphylaxis emergency.
- I understand in the event the medication dosage is altered, a new "self-administration form" must be completed, or the health care provider may rewrite the order on his/her prescription pad and I, the parent/caretaker relative/guardian, will sign the new form and assure the new order is attached.
- I understand it is my responsibility to pick up any unused medication at the end of the school year, and any medication not picked up may be disposed of.
- I authorize the school administration to release this information to appropriate school personnel and classroom teachers.



Parent/Caretaker/Guardian SIGNATURE

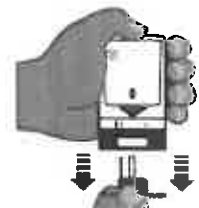
DATE

Auvi-Q™ (Epinephrine Injection USP) Directions

Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.



Pull off RED safety guard.



Place black end against outer thigh, then press firmly and hold for 5 seconds.

Report of Anaphylaxis Occurrence

Demographics and Health History

School: _____ Age: _____ Type of Person: Student ☐ Staff ☐ Visitor ☐ Gender: M ☐ F ☐

Student ID # _____ Grade: _____ Date of incident: _____

History of allergy: Yes ☐ No ☐ Unknown ☐ If known, specify allergen(s): _____

Was allergy action plan available? Yes ☐ No ☐ Unknown ☐ History of anaphylaxis: Yes ☐ No ☐ Unknown ☐

Previous epinephrine use: Yes ☐ No ☐ Unknown ☐ Diagnosis/History of asthma: Yes ☐ No ☐ Unknown ☐

School Plans and Medical Orders

Does student have a 504, IEP or IHP plans that address the allergy? Yes ☐ No ☐ Unknown ☐

Does the student have a student specific medical order or anaphylaxis plan for epinephrine? Yes ☐ No ☐ Unknown ☐

Was order/anaphylaxis plan available to staff? Yes ☐ No ☐ Unknown ☐

Was epinephrine available? Yes ☐ No ☐ Unknown ☐ Expiration date of epinephrine _____ Unknown ☐

If available, was it prescribed for Student ☐ Staff ☐ Another student ☐ Stock ☐

Incident Reporting

Location where symptoms initially developed:

Classroom ☐ Cafeteria ☐ Health Office ☐ Playground ☐ Bus ☐ Other ☐ specify _____

If known, specify trigger that precipitated this allergic episode:

Food ☐ Insect Sting ☐ Exercise ☐ Medication ☐ Latex ☐ Other ☐ _____ Unknown ☐

If food was a trigger, please specify which food _____

Please check: Ingested ☐ Touched ☐ Inhaled ☐ Other ☐ specify _____

Did reaction begin prior to school? Yes ☐ No ☐ Unknown ☐

How did exposure occur?

14. Symptoms: (Check all that occurred)

Respiratory

- ☐ Cough
- ☐ Difficulty breathing
- ☐ Hoarse voice
- ☐ Nasal congestion/rhinorrhea
- ☐ Swollen (throat, tongue)
- ☐ Shortness of Breath
- ☐ Stridor
- ☐ Tightness (chest, throat)
- ☐ Wheezing

GI

- ☐ Abdominal discomfort
- ☐ Diarrhea
- ☐ Difficulty swallowing
- ☐ Oral Pruritis
- ☐ Nausea
- ☐ Vomiting

Skin

- ☐ Angioedema
- ☐ Flushing
- ☐ General pruritis
- ☐ General rash
- ☐ Hives
- ☐ Lip swelling
- ☐ Localized rash
- ☐ Pale

Cardiac/Vascular

- ☐ Chest discomfort
- ☐ Cyanosis
- ☐ Dizziness
- ☐ Faint/Weak pulse
- ☐ Headache
- ☐ Hypotension
- ☐ Tachycardia

Other

- ☐ Diaphoresis
- ☐ Irritability
- ☐ Loss of consciousness
- ☐ Metallic taste
- ☐ Red eyes
- ☐ Sneezing
- ☐ Uterine cramping

Vital signs: Time: _____ BP _____/_____ Temp _____ Pulse _____ Respiration _____

Location where epinephrine administered: Health Office ☐ Other ☐ specify _____

Location of epinephrine storage: Health Office ☐ Other ☐ specify _____

Epinephrine administered by: RN ☐ LPN ☐ Self ☐ Other ☐ EMS ☐

If epinephrine was self-administered by a student at school or a school-sponsored function, was the student formally trained?

Yes ☐ If known, date of training _____ No ☐

Did the student follow school protocols to notify school personnel and activate EMS? Yes ☐ No ☐ NA ☐

If epinephrine was administered by other, specify who and if staff, what job position: _____

Was this person formally trained? Yes ☐ Date of training _____ No ☐ Don't know ☐

Time of exposure: _____ Time of initial symptoms: _____ Time of Epinephrine administration: _____

Time elapsed between onset of symptoms and communication of symptoms: _____ minutes

Time elapsed between communication of symptoms and administration of epinephrine: _____ minutes

Parent notified of epinephrine administration: (time) _____

Was a second epi- dose required? Yes ☐ No ☐ Unknown ☐

If yes, was that dose administered at the school prior to arrival of EMS? Yes ☐ No ☐ Unknown ☐

Approximate time between the first and second dose _____

Biphasic reaction: Yes ☐ No ☐ Don't know ☐

Disposition

EMS notified at: (time) _____

Transferred to ER: Yes ☐ No ☐ Unknown ☐

If yes, transferred via ambulance ☐ Parent/Guardian ☐ Other ☐ Discharged after _____ hours

Parent: At school ☐ Will come to school ☐ Will meet student at hospital ☐ Other: _____

If parent was at school, did they refuse EMS call? Yes ☐ No ☐ Unknown ☐

Hospitalized: Yes ☐ If yes, discharged after _____ days No ☐ Name of hospital: _____

Student/Staff/Visitor outcome: _____

If first occurrence of allergic reaction:

a. Was the individual prescribed an Epi Pen in the ER? Yes ☐ No ☐ Don't know ☐

b. If yes, who provided Epi Pen training? ER ☐ PCP ☐ School Nurse ☐ Other ☐ _____ Don't know ☐

c. Did the ER refer the individual to PCP and/or allergist for follow-up? Yes ☐ No ☐ Don't know ☐

School Follow-up

Did a debriefing meeting occur? Yes ☐ When: _____ No ☐ Did family notify prescribing MD? Yes ☐ No ☐ Unknown ☐

Recommendation for changes:

Protocol change ☐ Accommodation change ☐ Educational change ☐ Information sharing ☐ None ☐

Comments (include names of school staff, parent, others who attend debriefing): _____

Form completed by: _____ / _____ / _____
Signature Printed name Date

MISSOULA COUNTY PUBLIC SCHOOLS #1

Missoula Elementary District

Missoula High School District

215 S. 6th Street West, Missoula, Montana 59801 -- (406) 728-2400

AUTHORIZATION FOR RELEASE OF INFORMATION

Patient Last Name _____ First Name _____ MI _____ Date of Birth _____

Patient Address (PO Box/Street) _____ Social Security Number _____

City _____ State _____ Zip _____ Daytime Telephone Number _____

I authorize Missoula County Public Schools to: _____ **RELEASE** _____ **RECEIVE**
the following information:

_____ All medical records
_____ Only medical records from _____
(Specific health care provider)

_____ Educational
_____ Special Education Records
_____ Transcripts
_____ Psychological (including testing data)
_____ Other _____

Information to be released from:

Address: PO Box/Street _____
City _____ State _____ Zip _____
Fax Number: _____ Telephone number _____

Send information to:

Address: PO Box/Street _____
City _____ State _____ Zip _____

Fax Information _____ **Yes** _____ **No** **Fax Number:** _____ (maximum 15 pages)

Purpose of Disclosure: _____

The medical record includes all health care information, whether oral or recorded in any form or medium that identifies the patient or can readily be associated with the patient and relates to the patient's care. This includes all health care information in your/our possession, whether generated by you/us or any other source, as well as health care information associated with drug/alcohol abuse, mental or psychiatric care, abortion, and HIV status and/or diagnosis of AIDS and/or other sexually transmitted diseases including hepatitis.

Provision of educational services and treatment are not contingent upon receipt of requested information. The records released to Missoula County Public Schools become part of the student's file. A parent, guardian or the student (upon reaching the age of 18) has the right to view and/or receive a copy of the contents of the file.

I understand that this authorization may be revoked by me at any time, provided I do so in writing and submit it to MCPS up to the extent that the disclosure has not already been made. I also understand that my protected information may be redisclosed by the recipient and no longer be protected under federal law. Information received by MCPS will be subject under FERPA regulations.

Signature of parent/guardian/self (if 18 or over) _____ Date _____ Expiration Date (12 months unless
otherwise specified)

AVOID FOOD ALLERGEN CROSS CONTACT WITH FOOD ALLERGENS



Food Allergen Cross Contact Basics

Cross contact is the presence of unintended food allergen.

It is a common cause of allergic reactions.

Allergens can withstand heating and drying.

Contact with tiny amounts of allergens is enough to cause a serious allergic reaction.

If a mistake is made then discard the item and start over.

Routine training for all staff about sources of cross contact and prevention is essential.

Remember: Saliva, whether from a person or a pet, is another source of cross contact. No sharing of food, utensils, water bottles, musical instruments that go in the mouth, lipstick or other objects.

Who Needs to Know About Allergen Cross Contact?

Anyone who is responsible for cleaning surfaces and objects that may come into contact with students or staff.

Anyone responsible for meal and snack distribution and preparation.

Kitchen slicers, deep fryers, buffets, splatter from food, garnishing, sanitizing dip buckets, high chairs, table tops, hands, utensils, dishware, cups, water bottles, sponges and dishrags, pot holders, aprons are common sources of cross contact.



Cleaning to Prevent Cross Contact with Food Allergen

Preventing cross contact with cleaning is important.

Establish a cleaning protocol to avoid cross contact.

Use soap and water or commercial hand wipes to clean allergens from hands. (Hand sanitizers are not effective!).

Use soap and water, commercial cleaners or commercial wipes to clean table tops and non-porous surfaces of allergen.

Using disposable wipes or rags is preferable when cleaning surfaces

!!!, Think About the Abilities of the Children!

Each child has different developmental capabilities. There are different issues of cross contact with various age groups.

Younger age groups explore with their hands and their mouths. They are also less capable of self-managing and not as good at cleaning hands or surfaces.

Older children can effectively wash their hands before they eat, read labels and should know not to share.

Keep in mind that children with developmental delays may not have the same management skills as their peers.

Special Thanks to Our Reviewer: Beth Foland, MS RD, Team Nutrition Specialist, Indiana Department of Education, Office of School and Community Nutrition.

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AVOID FOOD ALLERGEN LABEL READING ESSENTIALS



Allergen Label Reading Basics

Read (and evaluate) ingredient labels for every food each time it is used. Product formulations may change at any time without notification.

Get more information from manufacturer or supervisor for unclear ingredient labels.

If any doubt of allergen safety then do not offer the item in question.

Keep all food ingredient labels onsite for at least 24 hours following meal service.



For more information visit: Schools.AllergyHome.org

Know how to read a food ingredient label to avoid allergen exposure and to prevent a life-threatening reaction.

Everyone responsible for meal and snack preparation needs to know how to read ingredient labels.

Understanding Food Allergen Labeling Laws:

What FALCPA* does and does not cover.

FDA requires all packaged food list the eight major food allergens in plain (clear and understandable) language.

Major 8 Allergens: Milk, Egg, Fish, Crustacean Shellfish, Peanuts, Tree Nuts, Wheat, and Soy

These allergens account for over 90 percent of all food allergies in the U.S.

These allergens must be stated if found in flavorings, colorings or other additives.

Current labeling laws only apply to foods regulated by the FDA. It does not apply to most fresh meats/poultry and certain egg products.

Food allergens labeling laws only apply to the major eight and does not apply to:

- Most fresh meats/poultry
- Certain egg products
- Sesame and other seeds
- Molluscan shellfish (oysters, clams, mussels and scallops)
- Gluten containing grains other than wheat (barley, rye and oats).

Advisory Labels and Cautionary Statements

- Advisory statements are written in numerous formats and under no federal or state regulation
- "May contain", "Produced in a facility that", "Manufactured on shared equipment with," etc.
- Avoid products with advisory labeling for the allergen in question

*Food Allergy Labeling Consumer Protection Act
<http://www.fda.gov>

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Looking at Ingredient Labels

Labels can list the 8 major food allergens in one of two ways:

1) Following Name of the Ingredient

Ingredients:

Sugar, Peanuts (Roasted), Corn Syrup, OR
 Palm Kernel and Coconut Oil (Partially
 Hydrogenated), Nonfat Milk, High
 Fructose Corn Syrup, Cocoa, Less Than
 1%: Glycerin, Dextrose, Whey (From Milk),
 Salt, Artificial & Natural Flavors, Soy
 Lecithin, Soybean Oil, Carrageenan, TBHQ
 and Citric Acid, TBHQ and Citric Acid (to
 Preserve Freshness), Lactic Acid Esters

2) Next to a Contains Statement



Note: Just because a product does not include a "contains" statement, that does not mean the allergen in question is not in the product.

Celiac Disease and Gluten Sensitivity

You may be caring for students with celiac disease or non-celiac gluten sensitivity. Celiac disease is a genetic autoimmune disease. Non-celiac gluten sensitivity is a condition that occurs in individuals who are unable to tolerate gluten and experience symptoms similar to those associated with celiac disease. Gluten is a protein found wheat, rye, and barley and their derivatives. Even though oats are inherently gluten-free, they are likely to be contaminated unless they are certified gluten-free. A small percentage of people with celiac disease do react to pure, uncontaminated oats. Accidental gluten exposure can cause severe gastrointestinal symptoms, brain fog, muscular pain and potentially long term health concerns.



SCHOOL NUTRITION SERVICES
LABEL READING ESSENTIALS

Special Thanks to Our Reviewer: Beth Foland, MS RD, Team Nutrition Specialist, Indiana Department of Education, Office of School and Community Nutrition.

Hidden Ingredients

Hidden ingredients are not an obvious part of a food. A person eating the food may have no idea that it contains an allergen.

Label reading is key to avoiding accidental ingestion of hidden ingredients!

If you can't read it, then don't eat (or serve) it!

Common Sources of Hidden Ingredients



Milk: Breads, caramel, hot dogs and deli meat, non-dairy creamers, cheese alternatives, canned tuna, guacamole, chocolate, butter substitutes, sauces...



Eggs: Mayonnaise, meringue, egg substitutes, cake mixes, frosting, pasta, salad dressing, meatballs, sauces, ice cream, glaze on soft pretzels...



Peanuts/Tree Nuts: Artificial and mixed nuts, desserts, ethnic cuisine, ice cream, barbeque and other sauces, marzipan, nougat, pesto, energy bars, granola, cereal, chocolate candies...



Fish/Shellfish: Worcestershire sauce, Caesar salad dressing, imitation crab products, Asian cuisine...



Wheat: All grain based products, processed foods, food starch, soy and other sauces...



Soy: Processed foods, breads, soups, sauces, canned meats, peanut butter, cereals, crackers...



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Parent/Guardian and Student Anaphylaxis Checklist



- ☐ Review Missoula County Public Schools Administrative Procedures: Anaphylaxis Prevention and Management Plan.

Plans

- ☐ Give the school a completed *Anaphylaxis Action Plan* every year. Do this one week prior to school re-starting in the fall to allow preparation time for the school.
- ☐ Provide a small photo with the plan.
- ☐ Ask the school to "evaluate for Section 504 Eligibility" if your child does not already have a Section 504 accommodation or Individual Education Plan (IEP).
 - ☐ Sign for your initial permission on the "*Parent Permission for Evaluation*" to allow the school to proceed and to meet with you.
 - ☐ Consider signing the *Authorization for the Release of Information*. This allows the school to communicate with your child's healthcare provider to better understand your child's needs.
 - ☐ Consider meeting in the spring if your child is new to the district in the fall. Share your concerns with the school team and what your child's abilities are. Consider what your child may need for safety.
 - ☐ Return forms to the school even if you sign to "decline" and do not want to pursue an accommodation plan.
- ☐ Provide the school with a completed *Food Substitution Medical Statement* if your child has any food allergies and will eat any food provided by school food services.
 - ☐ Provide an updated form for any changes in what foods your child is allergic to.
- ☐ Attend a 504 accommodation plan review meeting every year to make sure it still "fits" your child's needs as they grow older.

Emergency Preparedness

- ☐ Provide the school with unexpired epinephrine auto injectors (Epipen, Auvi-Q, etc). It is recommended to have 2 devices at school.
- ☐ Provide backup epinephrine to keep in the school office even if your child carries their own epinephrine.

Maintenance and Prevention

- ☐ Introduce yourself to your child's teachers, school secretary, bus drivers and anyone else who receives information from the school and that may have contact with your child.
 - ☐ Reinforce what is written in accommodation plans and the *Anaphylaxis Action Plan*; providing different information increases confusion for staff and risk to your child.
- ☐ Notify school if your child participates in school sponsored after school activities such as Flagship or school sports.
- ☐ Tell the school right away if your phone numbers or address changes.

- ☐ Teach your child how to be safe and how to live well with a serious allergy. See student skills below.
 - If food allergic, what foods are safe and unsafe and how to read a label (when old enough).
 - Ways to avoid unsafe foods (or other allergens).
 - Symptoms of an allergic reaction/ how to know they are having a reaction.
 - How and when to tell an adult they may be having an allergy related problem.
 - Practice how to follow their Anaphylaxis Action Plan and medication administration when age appropriate.
- ☐ Encourage your child to wear medical alert jewelry starting at a young age
- ☐ If a reaction does happen at school, talk with school staff, your child and doctor (healthcare provider) about how the anaphylaxis plan was carried out and help problem solve prevention methods.
- ☐ Tell the school right away if your child tells you that they have been teased or bullied about their allergy.

Student Anaphylaxis Skill Checklist

Note: Skills of self-care and self-advocacy are reached over time. Expectations need to fit the developmental ability of the student

- ☐ Do the things needed to avoid your allergen
 - For food allergies this may include:
 - Not trading food with others or accepting food.
 - Not eating food with unknown ingredients.
 - Not eating food when you know or think an allergen is in food.
 - Washing hands before you eat.
 - Avoiding touching your eyes, nose and mouth with unwashed hands.
- ☐ Tell an adult right away if you know or think you ate food you are allergic to (or had other contact with allergen such as a bee sting)
- ☐ Tell an adult right away if you are having any symptoms of an allergic reaction
- ☐ Tell an adult if you do not feel safe (because of a place or what is happening)
- ☐ If you carry your own medication and know how to give it:
 - Always have the medications with you.
 - Tell an adult right away if you used any medicine.
 - Keep medicine in a safe place (not in a car because extreme heat or cold will make the medicine not work).
 - Do not share your medicine.
- ☐ Help other people learn about your allergy and how to best help you.
- ☐ Wear medical alert identification.



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Principal/Administrator Anaphylaxis Checklist



- ☐ Review Administrative Procedures: Anaphylaxis Prevention and Management Plan
- ☐ Be aware of current and enrolling students who have a life threatening allergy (LTA)

Plans

- ☐ Involve RN School Nurse in process of identification, Section 504 referrals, determination and planning meetings.
- ☐ Utilize Section 504 Procedures Checklist: (inserted below)

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| <ul style="list-style-type: none"> <input type="checkbox"/> <u>A situation is recognized that calls for consideration or a referral.</u> <ol style="list-style-type: none"> 1. Meeting Invitation is sent to parent 2. Section 504 Referral is completed by MCPS <input type="checkbox"/> <u>Parent is notified of referral and 504 meeting.</u> <ol style="list-style-type: none"> 1. Meeting Invitation is sent to parents. 2. Parent/Student Rights is sent to the parent with this notice. 3. The Student Record Review is completed by school staff. <input type="checkbox"/> <u>A meeting is held to discuss referral and determine need for additional evaluation.</u> <ol style="list-style-type: none"> 1. Notes of the meeting are kept; parents may have a copy if requested. 2. Review Parent/Student Rights w/parents. 3. If it is determined that further evaluation is needed, the parent is asked to give permission. [Permission for Section 504 Evaluation]. <input type="checkbox"/> <u>When evaluation is completed (within a reasonable time but no more than 60 school days), a Meeting Invitation is sent to the parent.</u> <ol style="list-style-type: none"> 1. The meeting is held to discuss the evaluation results and determine 504 eligibility. 2. The 504 Eligibility Determination form is completed and documents the team decision. 3. Parent/Student Rights are provided again. 4. Notes of the meeting are kept. 5. If the student is determined to be ineligible for 504 protections, the parent is notified. 6. If the student is eligible under Section 504, the group determines whether a 504 Accommodation Plan is necessary. If it is necessary, the 504 Accommodation Plan is developed at the meeting; implementation begins immediately. 7. The 504 Accommodation Plan is placed in the building level file, with all other 504 documentation. A copy is kept in the Student Cumulative folder. | <ol style="list-style-type: none"> 8. Copies of 504 Eligibility Determination (regardless of eligibility) and 504 Accommodation Plan (if written) are given to the parent. <ul style="list-style-type: none"> <input type="checkbox"/> <u>The 504 Accommodation Plan or need for a 504 Accommodation Plan is reviewed at least annually.</u> <ol style="list-style-type: none"> 1. A Meeting Invitation is sent to parents. 2. Notes of the meeting are kept. 3. A new 504 Accommodation Plan is developed, if necessary, or, following a reevaluation, the Notes indicate that the services continue or student is no longer eligible. 4. A copy of Parent/Student Rights and other forms are given to the parent. <input type="checkbox"/> <u>A re-evaluation is conducted at least every three years or whenever there is a question of continued eligibility or a change in placement.</u> <ol style="list-style-type: none"> 1. Permission for Section 504 Evaluation is sent to the parent 2. Notice of Conference is sent to the parent and a meeting is held. 3. 504 Eligibility Determination completed. 4. A new 504 Accommodation Plan is developed if appropriate. 5. A copy of those forms and Parent/Student Rights is given to the parent. <input type="checkbox"/> <u>The transition of 504 students is the responsibility of the building coordinator.</u> <ol style="list-style-type: none"> 1. Conference between 504 coordinators is documented 2. All 504 Plans are forwarded to receiving building. <input type="checkbox"/> <u>When a student with a current 504 Accommodation Plan graduates or ages out, the emancipated student or parent will be given a copy of Summary of Performance Upon Completing School.</u> <ol style="list-style-type: none"> 1. Copies are placed in the 504 file and sent to the District 504 Coordinator. |
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- ☐ Monitor cafeteria compliance with accommodation plans and allergen sensitive tables
- ☐ Provide applicable staff copies of accommodation plans and *Anaphylaxis Action Plans* and instruct them to place into their substitute folders. Applicable staffs include staff that have interaction and/or responsibility for student and may include: teacher(s), specials teachers, collaborative staff, counselor, food service, school nurse, school secretary, coaches or advisors for after-hours school activities, Flagship and CSCT staff.

Emergency Preparedness

- ☐ Be aware of where *Stock Epinephrine Protocol* and medication is located as well as student specific emergency medication and *Anaphylaxis Action Plans*
- ☐ Ensure the following:
 - ☐ All staff complete annual Anaphylaxis training
 - ☐ Emergency medications are taken with on controlled school evacuations
 - ☐ On-site team response to medical emergencies in the school. Consider use of building crisis team members and office staff. Consider annual drill to promote both student and staff preparedness. Involve school nurse.
 - ☐ Trained staff are available when school nurse is not present
 - ☐ Emergency medications and *Anaphylaxis Action Plans* are available when students participate in school sponsored activities outside of the school day or school campus.

Maintenance and Prevention

- ☐ Utilize *Allergen Sensitive Zone Posters* and *Classroom Restriction of Allergen Letter* templates and involve the school nurse for any needed edits.
- ☐ Provide the custodians with *Avoid Food Allergens, Cross Contact with Food Allergens Handout* if accommodation plans specify allergen sensitive zones.
- ☐ Remind staff that projects may not involve touching any peanut or nut butters or spreads by ANY students regardless of any known allergies. (Example: Bird feeder with peanut butter)
- ☐ Remind staff to ask all students to wash their hands immediately after projects involving touching any other food/edible ingredients (example: Plaster using flour)
- ☐ Communicate rules and expectations about bullying related to food allergies, including appropriate conduct, consequences and related disciplinary actions.
- ☐ Verify that recess staffs have access to two-way communication and at a minimum, have reviewed student emergency information.
- ☐ Place parent information provided by District Nurse re: allergies into student handbook.
- ☐ Participate in debriefing with the school nurse and staff who were involved after any incidences of anaphylaxis.
- ☐ Discuss student needs with school nurse and parent after any incidences of anaphylaxis.
- ☐ Direct all staff (including crossing guards) and parent groups to not distribute candy or other food including for "holidays" such as Valentine Day and Halloween unless they are the assigned teacher for that student or student's medical plan allows.



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Teacher Anaphylaxis Checklist



- ☐ Annually Review Administrative Procedures: Anaphylaxis Prevention and Management Plan
- ☐ Run a Health Alert list at the start of every school year/semester

Plans

- ☐ Complete a Section 504 referral form if you are aware newly enrolling or diagnosed student with a life threatening allergy (LTA) or whose parent/guardian has informally asked you to provide accommodations.
- ☐ Participate in Section 504 eligibility determination and accommodation planning meetings.
- ☐ Maintain copies of Section 504 Plans, Individual Education Plans (IEP), Individualized Healthcare Plans (IHP) and/or *Anaphylaxis Action Plans* in a readily accessible, identifiable but confidential substitute folder.
- ☐ Comply with accommodations of Section 504 plans/ Individual Education Plans (IEP). Notify administrator if informally asked to alter current accommodation plan.
- ☐ Complete additional applicable training if needed to implement accommodations.
 - ☐ Watch short "How to Read Food Labels Tutorial"
 - ☐ Review and keep handout available "*Avoid Food Allergen and Label Reading Essentials*"
- ☐ Utilize *Allergen Sensitive Zone Posters* and *Classroom Restriction of Allergen Template Letter* if accommodation plans specify allergen sensitive zones.
 - ☐ Consult with school nurse to edit as needed add additional ingredient information for specific allergen. (Example: Whey and casein are milk products).

Emergency Preparedness

- ☐ Complete annual anaphylaxis training and practice of Epinephrine auto injector use with school nurse.
- ☐ Inform staff in close proximity of your classroom re: which student has a life threatening allergy and where the plan and medication is located. Encourage those staff to introduce themselves to any substitute teachers that may be in your classroom.
- ☐ Inform team teachers of student with life threatening allergy and where plans and medications are kept. (Example: Walk to Read, Kindergarten Buddies).
- ☐ Know where *Stock Epinephrine Protocol* and medication is located as well as student specific emergency medication and *Anaphylaxis Action Plans*.
- ☐ Take emergency medications on school evacuations when medication is kept in classroom and it is safe to retrieve.
- ☐ Take emergency medications and *Anaphylaxis Action Plans* on all off campus activities when the school has possession of the medication.

Maintenance and Prevention

- ☐ Promote hand washing after eating for all students if you have a student with a food related LTA.
- ☐ Promote hand washing prior to eating by food allergic student. (Follow 504 accommodation for additional requirements)

- ☐ Consider needs when planning off campus activities to maintain student specific accommodations. (Example: A visit to a bakery or Dairy Queen may be inappropriate.
 - ☐ If lunches are being provided for students, consider how the student with allergy receives a lunch without the allergen. Consider requesting that all lunches do not have the allergen if possible for non-routine circumstances).
 - ☐ Adapt accommodation of allergen sensitive cafeteria tables to off campus activities for applicable students. See *Allergen Sensitive Table Guidelines*.
 - ☐ For food distributed on or brought with on off campus activities, consider how the student with allergy will NOT be given food with their allergen in it.
- ☐ Do not use any peanut or nut butters or spreads in projects that involve touching by ANY and ALL students even if there are no known allergies. (Example: bird seed feeder using peanut butter).
- ☐ Do not use the allergen of student with a life threatening allergy who is in that classroom in any classroom projects including manipulatives.(Example: Peanut M&M's for math lessons)
- ☐ When doing a project involving students touching ANY food, ask all students to wash their hands immediately afterwards. (Example: plaster made with flour).
- ☐ Do not provide any candy or other food to any student including for holidays (Valentine's Day, Halloween, etc.) unless you are the assigned teacher for the student (s) or that student's medical plan allows.
- ☐ Respond to and notify building administrator of any bullying related to food allergies.
- ☐ Consider completing additional training on allergies (30 minute on line food allergy training with completion quiz and certificate).
- ☐ Report any incidences of anaphylaxis or other allergic reactions in the student with a LTA. Participate in the debriefing and re-assessment of student needs after any incidences of anaphylaxis.



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Substitute Teacher Anaphylaxis Checklist



- ☐ Review Administrative Procedures: Anaphylaxis Prevention and Management Plan

Plans

- ☐ Review copies of Section 504 Plans, Individual Education Plans (IEP), Individualized Healthcare Plans (IHP) and/or *Anaphylaxis Action Plans* that are in substitute folder.
- ☐ Comply with accommodations in the above plans. See principal for questions.
- ☐ If plan indicates student with life threatening allergy may eat food others supply (example: class snacks that other parents bring in) and that the teacher reads labels to ensure safety, do NOT take on that responsibility without prior training. Options include notifying principal, saving snack for day regular teacher is back or having student with allergy eat their "safe snack" if that is present.

Emergency Preparedness

- ☐ Complete annual anaphylaxis training and practice Epinephrine auto injector use with school nurse.
- ☐ For suspected emergent health issues or questions re: actions to be taken, immediately see or call nearby teacher, school secretary, principal or school nurse for assistance. Treat anaphylaxis immediately.
- ☐ Be aware of where *Stock Epinephrine Protocol* and medication is located as well as student specific emergency medication and *Anaphylaxis Action Plans*.
- ☐ Ensure emergency medications are taken on school evacuations if medication is kept in classroom and it is safe to retrieve them.
- ☐ Ensure emergency medications and *Anaphylaxis Action Plan* is taken on all off campus activities when the school has possession of the medication. (Off campus activities are generally cancelled when substitute teacher is present in place of usual classroom teacher)

Maintenance and Prevention

- ☐ Do not bring any food to provide to students as a "reward or welcoming agent."
- ☐ Do not provide any candy or other food to any student including for holidays (Valentine's Day, Halloween, etc.) unless that student's medical plan allows.
- ☐ Promote hand washing after eating for all students if you have a student with a food related LTA.
- ☐ Promote hand washing prior to eating by food allergic student. (Follow 504 accommodations for additional requirements)
- ☐ Do not use any peanut or nut butters or spreads in projects that involve touching by ANY and ALL students even if there are no known allergies. (Example: bird seed feeder using peanut butter).
- ☐ Do not use the allergen of student with a life threatening allergy who is in that classroom in any classroom projects including manipulatives. (Example: Peanut M&M's for math lessons)
- ☐ When doing a project involving students touching ANY food, ask all students to wash their hands immediately afterwards. (Example: plaster made with flour).
- ☐ Enforce a no sharing food rule.
- ☐ Consider completing additional training on allergies (30 minute on line food allergy training with

completion quiz and certificate)

- ☐ Report any incidences of anaphylaxis or other allergic reactions in the student with a LTA.
Participate in the debriefing and re-assessment of student needs occurs after any incidences of anaphylaxis
- ☐ Respond to and notify building administrator of any bullying related to food allergies.
- ☐ Consider completing additional training on allergies (30 minute on line food allergy training with completion quiz and certificate).
- ☐ Report any incidences of anaphylaxis or other allergic reactions in the student with a LTA.
Participate in the debriefing.



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Recess Duty by Teachers Anaphylaxis Checklist



- ☐ Review Administrative Procedures: Anaphylaxis Prevention and Management Plan

Plans:

- ☐ Review current copies of *Anaphylaxis Action Plans* and accommodation plans as applicable that are stored in office for recess duties.
- ☐ Review periodically to ensure understanding and awareness of new students or changes in plans.
- ☐ Complete annual anaphylaxis and epinephrine auto-injector device training.

Emergency Preparedness:

- ☐ Ensure you know location of:
 - ☐ *Stock epinephrine protocol* and medication.
 - ☐ Individual student medication at office and/or if kept with student or in cafeteria.
- ☐ Take working 2- way communication device outside with you and be familiar with use.

Maintenance and Prevention:

- ☐ Be alert for bullying related to food allergies, intervene promptly and report to the principal.
- ☐ Do not provide any candy or other food to any student including for holidays (Valentine's Day, Halloween, etc.) unless you are the teacher for the student(s) unless that student's medical plan allows.
- ☐ Be alert and intervene for food distribution or sharing.



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Counselor Anaphylaxis Checklist



- ☐ Review Administrative Procedures: Anaphylaxis Prevention and Management Plan

Plans

- ☐ Complete a Section 504 referral form if you are aware newly enrolling or diagnosed student with a life threatening allergy(LTA) or whose parent/guardian have asked for accommodations
- ☐ Participate in Section 504 eligibility determination and accommodation planning meetings.
- ☐ Comply with accommodations of Section 504 plans/ IEP plans.
- ☐ Notify administrator if informally asked by parent or teacher to alter current accommodation plan.

Emergency Preparedness

- ☐ Complete annual anaphylaxis training and practice epinephrine auto injector use with school nurse.
- ☐ Know where *Stock Epinephrine Protocol* and medication is located as well as student specific emergency medication and *Anaphylaxis Action Plans*

Maintenance and Prevention

- ☐ Maintain a personal list of current students who have a life threatening allergy (LTA). Consult the school nurse if assistance needed.
- ☐ Keep up to date with current literature related to associated risk of depression, anxiety and risk of being bullied for students who have a life threatening allergy (LTA).
- ☐ Provide classroom education and acceptance of allergies.
- ☐ Respond to and notify building administrator of any bullying related to food allergies.
- ☐ Do not use any peanut or nut butters or spreads in projects that involve touching by ANY and ALL students even if there are no known allergies. (Example: bird seed feeder using peanut butter).
- ☐ Do not use the allergen of student with a life threatening allergy who is in that classroom in any classroom projects including manipulatives. (Example: Peanut M&M's for math lessons)
- ☐ When doing a project involving students touching ANY food, ask all students to wash their hands immediately afterwards. (Example: plaster made with flour).
- ☐ Consider completing additional training on allergies (30 minute on line food allergy training with completion quiz and certificate).
- ☐ Report any incidences of anaphylaxis or other allergic reactions in the student with a LTA. Participate in the debriefing and re-assessment of student needs after any incidences of anaphylaxis.
- ☐ Do not provide any candy or other food to any student including for holidays (Valentine's Day, Halloween, etc.) unless that student's medical plan allows.



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Food Service Anaphylaxis Checklist



- ☐ Review Administrative Procedures: Anaphylaxis Prevention and Management Plan

Food Service Supervisor

- ☐ Coordinate annual anaphylaxis, label reading, food allergy bullying awareness and prevention of cross contact of allergens training for food services staff.
- ☐ Verify that allergy sensitive tables are managed as specified in *Allergen Sensitive Table Guidelines*.
- ☐ Develop an information process to inform each school of student's food allergies.
- ☐ Communicate with each school regarding current student's *Food Substitution Medical Statements*.
- ☐ Make menus available to parents and students.
- ☐ Keep ingredient lists for available foods 24 hours or longer after serving.
- ☐ Review food products for hidden peanut or nut ingredients.

Lunch Hostess

Plans:

- ☐ Ensure applicable cafeteria accommodations are in place for students.
 - ☐ Maintain current copies of *Anaphylaxis Action Plans*, *Food Substitution Medical Statements* and accommodation plans in confidential but readily accessible known place for cafeteria staff
 - ☐ Direct all lunch staff to review upon receipt and periodically.
 - ☐ Establish allergen sensitive tables as required by accommodation plans and as specified in *Allergen Sensitive Table Guidelines*.

Emergency Preparedness:

- ☐ Complete anaphylaxis and epinephrine auto-injector device training annually.
- ☐ Verify that cafeteria staff know :
 - ☐ *Stock epinephrine protocol* and medication location.
 - ☐ Individual student medication location.
 - ☐ How to call Emergency Services (911) and how to notify main office of emergencies.

Maintenance and Prevention:

- ☐ Maintain food allergy alerts for point of sale computer notification.
- ☐ Consider posting photos of students with life threatening allergy (LTA) to foods in area only visible to cafeteria staffs.
- ☐ Limit only source of cafeteria supplied peanut butter or tree nuts to prepackaged sandwiches.
- ☐ Establish process of food preparation and serving to reduce cross contact of food items.
- ☐ Train all cafeteria staff to implement, maintain, set up and take down allergen sensitive tables.
- ☐ Enforce "no sharing of food" rule for ALL students in cafeteria.
- ☐ Promote and allow students to wash hands.
- ☐ Direct all cafeteria staff to be alert for bullying related to food allergies, intervene promptly and report to administrator if bullying occurs.
- ☐ Do not personally provide any candy or other food to any student including for holidays (Valentine's Day, Halloween, etc.) unless that student's medical plan allows.



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Noon Duty Anaphylaxis Checklist



- ☐ Review Administrative Procedures: Anaphylaxis Prevention and Management Plan

Plans:

- ☐ Review current copies of *Anaphylaxis Action Plans* and accommodation plans.
- ☐ Review periodically to ensure understanding and awareness of new students or changes in plans.
- ☐ Complete annual anaphylaxis and epinephrine auto-injector device training.

Emergency Preparedness:

- ☐ Ensure you know location of:
 - ☐ *Stock epinephrine protocol* and medication.
 - ☐ Individual student medication at office and/or if kept with student or in cafeteria.
- ☐ Take working 2- way communication device outside with you and be familiar with use.

Maintenance and Prevention:

- ☐ Be alert for bullying related to food allergies, intervene promptly and report to the principal.
- ☐ Be alert and intervene for food distribution or sharing.
- ☐ Do not personally provide any candy or other food to any student including for holidays (Valentine's Day, Halloween, etc.) unless that student's medical plan allows.
- ☐ Read *Allergy Sensitive Table Guidelines* and know how to maintain, set up and take down when tables are required for students.



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School Nurse Anaphylaxis Checklist



- ☐ Review Administrative Procedures: Anaphylaxis Prevention and Management Plan annually

Plans:

- ☐ Follow district procedures related to allergies, accommodation plans and *development of Individualized Healthcare Plans.
- ☐ Review new parent/guardian completed Health Histories.
- ☐ Notify principal of newly enrolling or diagnosed students with life threatening allergies.
- ☐ Complete Section 504 Referral form. Provide referral to principal.
- ☐ Enter Health Alert on student information system (Q).
- ☐ Communicate with parent/guardian re: details of allergy, district procedures, and potential eligibility for Section 504 accommodation.*
- ☐ Provide parent with *Anaphylaxis Action Plan*, *Parent and Student Anaphylaxis Checklist* and *Authorization for Release of Information*. Provide *Food Substitution Medical Statement* if student has food allergy.
 - ☐ Follow up with parent/guardian for form return
- ☐ Provide completed *Food Substitution Medical Statement* to the district Food and Nutrition Supervisor
- ☐ Draft Individualized Healthcare Plan if parent returned signed consent for evaluation of Section 504 Eligibility*
- ☐ Participate in eligibility meeting and if applicable, annual meeting to develop Section 504 accommodation plan and Individualized Healthcare Plan. *
- ☐ Implement and maintain accommodations specifying nurse interventions.*

Emergency Preparedness:

- ☐ Provide anaphylaxis administration of epinephrine auto injectors training to staff coordinating with principal.
- ☐ Monitor location, condition and expiration dates of any stock epinephrine and student specific medication. Notify parents of impending expiration dates.
- ☐ File *Anaphylaxis Action Plans* with student specific medications, school health office and in K-8 recess folders.
- ☐ Monitor *Anaphylaxis Action Plans* for expiration dates, notify parent of impending expiration as needed and replace with *Stock Epinephrine Protocol* after 3 month grace period.
- ☐ Provide school staff with copies of students *Anaphylaxis Action Plans*.
- ☐ Maintain organized, accessible and transportable systems of emergency medication storage.
- ☐ Facilitate emergency medications access for off school campus activities.

Maintenance and Prevention:

- ☐ Assess individual student ability upon initial healthcare provider and parent/guardian permission for student to carry medications with intent to self-medicate for allergic reaction. *
 - ☐ Communicate outcome of nurse assessment to parent/guardian.
 - ☐ Notify healthcare provider of significant concerns re: student ability.
- ☐ Encourage parent/guardian to supply back up medication supply to school office.
- ☐ Report any incidences of anaphylaxis and participate in debriefings.
- ☐ Discuss current accommodations and plans with parent, student, healthcare provider, principal and other team members as indicated for any degree of allergic reaction in the school setting for a student with a life threatening allergy.
- ☐ Do not provide any candy or other food to any student including for holidays (Valentine's Day, Halloween, etc.) unless medically indicated.

*Indicates RN Responsibility; other items may be shared with or assigned to LPN staff.



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Health Services (School Nurse) Supervisor Anaphylaxis Checklist



- ☐ Review Administrative Procedures: Anaphylaxis Prevention and Management Plan annually, elicit feedback and make recommendations for revisions and coordinate revisions

Plans:

- ☐ Develop processes to identify students with life threatening allergies (LTA).
- ☐ Train nursing staff in related processes and procedures.
- ☐ Facilitate use of evidence based practices for anaphylaxis management and prevention by nursing staff.
- ☐ Ensure that:
 - ☐ Students with life threatening allergies (LTA) are referred for Section 504 Eligibility Determination
 - ☐ Accommodation determination and planning involves RN School Nurses.
 - ☐ Accommodations requiring nurse interventions are implemented and maintained.

Emergency Preparedness:

- ☐ Train food service, noon duties and bus personnel annually.
- ☐ Maintain non-expired epinephrine when district has in place and update *Stock Epinephrine Protocol* annually consulting with local allergists.
- ☐ Review and revise as needed the *Anaphylaxis Action Plan* form in consultation with local allergists annually.
- ☐ Develop organized, accessible and transportable systems of emergency medication storage.

Maintenance and Prevention:

- ☐ Disseminate checklist roles to specific role groups annually.
- ☐ Provide language for student handbook inclusion annually to administrators.
- ☐ Research updated anaphylaxis awareness information for school staff, students and parents annually.
- ☐ Collaborate with Student Information System (Q) Manager to optimize electronic record storage and use for communication.
- ☐ Review and edit as needed the *Anaphylaxis Reporting Form* annually.
- ☐ For incidences of anaphylaxis:
 - ☐ Ensure that nursing staff are involved in any debriefings.
 - ☐ Review all completed forms.
 - ☐ Maintain district statistics re: life threatening allergies and anaphylaxis incidences.
 - ☐ Consider circumstances of any anaphylaxis incidences when reviewing district procedures



Date: _____

Dear Parents of _____ classroom:

We would like to make you aware of a health issue the children are learning about this year. One of their classmates has a severe allergy to _____. Your help is needed to prevent an allergic reaction which could be life threatening. Strict avoidance is the best prevention.

Please do the following:

- Encourage your child to wash their hands and face before coming to school if they recently ate _____.
- Send in only foods for snacks or parties that do NOT have _____ as an ingredient. This includes all food eaten in the classroom, even for only for your child.
- Use only pre-packaged baked or prepared items that have an ingredient label. Do NOT items baked or prepared at home.
- Check the food ingredient label.
 - Make sure _____ are not listed as an ingredient on the food label or manufactured in a facility that also produces _____. See the back of this letter for information on how to read a label.
 - Leave food in any pre-packaging and make sure the ingredient list is sent to school with the food.
- Do not pre-cut foods such as fruits or vegetable at home. Cross contact of the allergen can occur from cutting boards or knives with trace amounts of allergens.
- Because the school is taking additional precautions in the lunchroom, you MAY send "lunch only" foods with _____ as an ingredient.

If snack or celebration foods do not meet these guidelines those foods will be sent back home. So that no children will be disappointed please follow the above guidelines.

It is important that each child be able to fully participate in all class activities. With your assistance, the classroom can be a safer environment for all students. Thank you for your understanding and cooperation. If you have any questions, please feel free to call one of us with your questions.

School Principal Name

Classroom Teacher Name

School Nurse Name

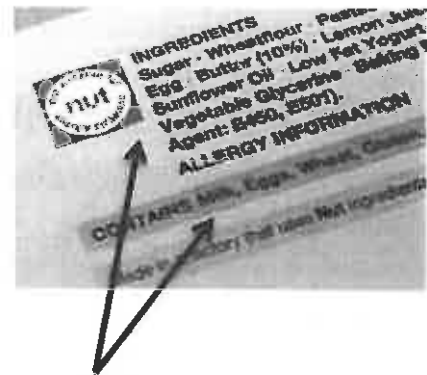
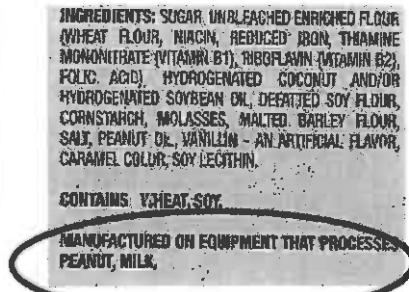
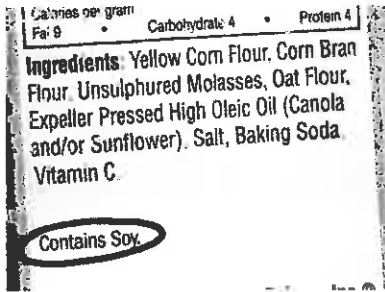
Phone:

Phone:

Phone:

How to Read a Food Label

- Products made in the United States must have food ingredients listed.
- The ingredient list is usually near the “nutrition label.”
- Most people with food allergies are allergic to one or more of 8 foods types; soy, milk, peanuts, tree nuts, eggs, shellfish, fish and wheat. However, people can be allergic to other foods.



If it's one of the major 8 foods, it may only be listed after the ingredient list.

- The company that makes the food may also say if equipment is shared to make foods NOT listed in the ingredients.
- This is important because there is a chance for “cross contamination” which would make the food unsafe for people with that type of food allergy.

If the food has one of these eight, it may be double listed in the ingredient list.

Food Substitution Medical Statement For Students Requiring Special Meals and/or Accommodations



*See other side for related information.

*This statement must be updated for any change or discontinuance of a diet.

Student Name: _____ DOB: _____
 School: _____ Grade: _____
 Parent/Guardian Name: _____ Phone: _____

I hereby give my permission for the school staff to follow the stated nutrition plan below. I give my permission for the medical provider and for the school health/ nutrition personnel to communicate based on this statement if needed. Communication, if needed, may only include the statement and nutrition plan, implementation of the nutrition plan in school and student outcomes of the plan.

Sign Here

Parent/Guardian Signature

Date

FOR LICENSED PHYSICIAN ONLY (M.D. ,D.O.)

What is student's disability or medical condition (including allergies) requiring the student to need a special diet.

What major life activities are affected by the student's disability or medical condition when condition in active state? (See other side for explanation. Example: Food Allergy that may cause anaphylaxis would affect the major life activity of breathing when in active state.)

If food needs texture modifications, please check all that apply:

Foods must be: ☐ chopped ☐ ground ☐ pureed ☐ liquefied

Fluids must be: ☐ water thin Thickened to consistency of: ☐ nectar ☐ honey ☐ pudding

Other: _____

Note: Healthcare provider orders for tube feedings are written on a treatment order form provided by school nurse.

Please list foods to be omitted (including foods that student is allergic to) and foods that may be substituted.

FOODS TO OMIT	ALLOWED FOOD SUBSTITUTIONS

List any special equipment or utensils needed.

Indicate any other comments about the child's eating or feeding patterns.

Sign Here

Licensed Physician SIGNATURE

MD or DO

DATE

PRINTED Physician Name

PHONE NUMBER



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Special Dietary Needs

Dear Parent/Guardian and Healthcare Provider:

The information below is an explanation of the Missoula County Public Schools (MCPS) Food Substitution forms.

Additional information may be obtained from: MCPS Food and Nutrition Supervisor:
Stacey Rossmiller /728-2400 ex 3023/ srossmiller@mcps.k12.mt.us

MCPS has two meal related forms;

1. Food Substitution Medical Statement For Students Requiring Special Meals and/or Accommodations
 - a. Must be completed by a Licensed Physician
 - b. For students who are considered to have a disability that requires dietary accommodations
2. Diet Request for Meals at School
 - a. Completed by a healthcare provider
 - b. Used for food intolerances, mild non-life threatening allergies or other conditions that are not disabilities as defined below.
 - c. The school may provide standard food substitutions on a case by case basis.

Information on Disability Determination

United States Department of Agriculture (USDA) Regulations:

For schools participating in a federally-funded school nutrition program, USDA regulations 7 CFR Part 15b require substitutions or modifications in school meals for students whose **disabilities** restrict their diets. A student with a disability or medical condition must be provided substitutions in foods when that need is supported by a statement signed by a licensed physician. A physician is a person licensed by the State to practice medicine. The term includes physicians or doctors of osteopathic medicine. These fully trained physicians are licensed by the State to prescribe medication or to perform surgery. The physician's statement must identify:

- a. The student's disability or medical condition
- b. An explanation of why the disability restricts the student's diet
- c. The major life-activity affected by the disability
- d. List the food or foods to be omitted from the student's diet
- e. List the food or choice of foods that must be substituted

Definitions 1

USDA FNS Instruction 783-2, 7 CFR Part 15b

Disability: Under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act, "person with a disability" means any person who has a physical or mental impairment which **substantially limits** one or more major life activities, has a record of such impairment, or is regarded as having such impairment.

Physical or mental impairment: means (1) any physiological disorder or condition, cosmetic disfigurement or anatomical loss affecting one or more of the following body systems: Neurological, musculoskeletal, special sense organs, respiratory, including speech organs, cardiovascular, reproductive, digestive, genitourinary, hemic and lymphatic skin and endocrine; or (2) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The term "physical or mental impairment" includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech, and hearing impairments; cerebral palsy; epilepsy; muscular dystrophy; multiple sclerosis; cancer; heart disease; metabolic diseases such as diabetes and phenylketonuria (PKU); food anaphylaxis; mental retardation; emotional illness; and drug addiction and alcoholism.

Major life activities: are defined as caring for one's self, eating, performing manual tasks, walking, standing, lifting, bending, seeing, hearing, speaking, sleeping, breathing, learning, reading, concentrating, thinking, communicating and working. A major life activity also includes the operation of a bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine and reproductive functions.

Adapted from St. Louis Children's Hospital, 2014, Food Allergy Management & Education Program, Healthcare Professionals



How a Child Might Describe a Reaction

Children have unique ways of describing their experiences and perceptions, and allergic reactions are no exception. Precious time is lost when adults do not immediately recognize that a reaction is occurring or don't understand what a child is telling them.

Some children, especially very young ones, put their hands in their mouths or pull or scratch at their tongues in response to a reaction. Also, children's voices may change (e.g., become hoarse or squeaky), and they may slur their words.

The following are examples of the words a child might use to describe a reaction:

- "This food's too spicy."
- "My tongue is hot [or burning]."
- "It feels like something's poking my tongue."
- "My tongue [or mouth] is tingling [or burning]."
- "My tongue [or mouth] itches."
- "It [my tongue] feels like there is hair on it."
- "My mouth feels funny."
- "There's a frog in my throat."
- "There's something stuck in my throat."
- "My tongue feels full [or heavy]."
- "My lips feel tight."
- "It feels like there are bugs in there." (to describe itchy ears)
- "It [my throat] feels thick."
- "It feels like a bump is on the back of my tongue [throat]."

If you suspect that a child is having an allergic reaction, follow the doctor's instructions for care.





HOW TO READ A FOOD LABEL

Avoid food and non-food items that have advisory statements on labeling such as "may contain..." or "made/manufactured on equipment" or "in a facility that processes..."

How to Read a Label for a Milk-Free Diet

All FDA-regulated manufactured food products that contain milk as an ingredient are required by U.S. law to list the word "milk" on the product label.

Avoid foods that contain milk or any of these ingredients:

- butter, butter fat, butter oil, butter acid, butter ester(s)
- buttermilk
- casein
- casein hydrolysate
- caseinates (in all forms)
- cheese
- cottage cheese
- cream
- curds
- custard
- diacetyl
- ghee
- half-and-half
- lactalbumin, lactalbumin phosphate
- lactoferrin
- lactose
- lactulose
- milk (in all forms, including condensed, derivative, dry, evaporated, goat's milk and milk from other animals, low fat, malted, milkfat, nonfat, powder, protein, skimmed, solids, whole)
- milk protein hydrolysate
- pudding
- Recaldent®
- rennet casein
- sour cream, sour cream solids
- sour milk solids
- tagatose
- whey (in all forms)
- whey protein hydrolysate
- yogurt

Milk is sometimes found in the following:

- artificial butter flavor
- baked goods
- caramel candies
- chocolate
- lactic acid starter culture and other bacterial cultures
- luncheon meat, hot dogs, sausages
- margarine
- nisin
- nondairy products
- nougat

How to Read a Label for an Egg-Free Diet

All FDA-regulated manufactured food products that contain egg as an ingredient are required by U.S. law to list the word "egg" on the product label.

Avoid foods that contain eggs or any of these ingredients:

- albumin (also spelled albumen)
- egg (dried, powdered, solids, white, yolk)
- eggnog
- lysozyme
- mayonnaise
- meringue (meringue powder)
- ovalbumin
- surimi

Egg is sometimes found in the following:

- baked goods
- breaded foods
- candies
- canned soups
- casseroles
- cream fillings/custards
- lecithin
- macaroni
- marzipan
- marshmallows
- nougat
- pasta
- meatballs/meatloaf
- salad dressings

Keep the following in mind:

Individuals with egg allergy should also avoid eggs from duck, turkey, goose, quail, etc., as these are known to be cross-reactive with chicken egg.

How to Read a Label for a Soy-Free Diet

All FDA-regulated manufactured food products that contain soy as an ingredient are required by U.S. law to list the word "soy" on the product label.

Avoid foods that contain soy or any of these ingredients:

- edamame
- miso
- natto
- shoyu
- soy (soy albumin, soy cheese, soy fiber, soy flour, soy grits, soy ice cream, soy milk, soy nuts, soy sprouts, soy yogurt)
- soya
- soybean (curd, granules)
- soy protein (concentrate, hydrolyzed, isolate)
- soy sauce
- tamari
- tempeh
- textured vegetable protein (TVP)
- tofu

Soy is sometimes found in the following:

- Asian cuisine
- vegetable broth
- vegetable gum
- vegetable starch

Keep the following in mind:

- The FDA exempts highly refined soybean oil from being labeled as an allergen. Studies show most allergic individuals can safely eat soy oil that has been highly refined (not cold pressed, expeller pressed, or extruded soybean oil).
- Soy protein may be found in numerous products, such as breads, cookies, crackers, canned broth and soups, canned tuna and meat, breakfast cereals, high-protein energy bars and snacks, low-fat peanut butters, and processed meats.
- Most individuals allergic to soy can safely eat soy lecithin.
- Follow your doctor's advice regarding these ingredients.

How to Read a Label for a Peanut-Free Diet

All FDA-regulated manufactured food products that contain peanut as an ingredient are required by U.S. law to list the word "peanut" on the product label.

Avoid foods that contain peanuts or any of these ingredients:

- artificial nuts
- beer nuts
- cold pressed, expeller pressed, or extruded peanut oil
- goobers
- ground nuts
- mixed nuts
- monkey nuts
- nut meat
- nut pieces
- peanut butter
- peanut flour
- peanut protein hydrolysate

Peanut is sometimes found in the following:

- African, Asian (especially Chinese, Indian, Indonesian, Thai, and Vietnamese), and Mexican dishes
- baked goods (i.e., pastries, cookies)
- candy (including chocolate candy)
- chili
- egg rolls
- enchilada sauce
- marzipan
- mole sauce
- nougat

Keep the following in mind:

- The FDA exempts highly refined peanut oil from being labeled as an allergen. Studies show that most allergic individuals can safely eat peanut oil that has been highly refined (not cold pressed, expeller pressed, or extruded peanut oil). Follow your doctor's advice.
- A study showed that unlike other legumes, there is a strong possibility of cross-reaction between peanuts and lupine.
- Mandelonas are peanuts soaked in almond flavoring.
- Arachis oil is peanut oil.
- Many experts advise patients allergic to peanuts to avoid tree nuts as well.
- Sunflower seeds are often produced on equipment shared with peanuts.

How to Read a Label for a Wheat-Free Diet

All FDA-regulated manufactured food products that contain wheat as an ingredient are required by U.S. law to list the word "wheat" on the product label. The law defines any species in the genus *Triticum* as wheat.

Avoid foods that contain wheat or any of these ingredients:

- bread crumbs
- bulgur
- cereal extract
- club wheat
- couscous
- cracker meal
- durum
- einkorn
- emmer
- farina
- flour (all purpose, bread, cake, durum, enriched, graham, high gluten, high protein, instant, pastry, self-rising, soft wheat, steel ground, stone ground, whole wheat)
- hydrolyzed wheat protein
- Kamut
- matzoh, matzoh meal (also spelled as matzo, matzah, or matza)
- pasta
- seitan
- semolina
- spelt
- sprouted wheat
- triticale
- vital wheat gluten
- wheat (bran, durum, germ, gluten, grass, malt, sprouts, starch)
- wheat bran hydrolysate
- wheat germ oil
- wheat grass
- wheat protein isolate
- whole wheat berries

Wheat is sometimes found in the following:

- glucose syrup
- soy sauce
- starch (gelatinized starch, modified starch, modified food starch, vegetable starch)
- surimi

How to Read a Label for a Tree Nut-Free Diet

All FDA-regulated manufactured food products that contain a tree nut as an ingredient are required by U.S. law to list the specific tree nut on the product label.

Avoid foods that contain nuts or any of these ingredients:

- almond
- artificial nuts
- beechnut
- Brazil nut
- Butternut
- cashew
- chestnut
- chinquapin
- coconut
- filbert/hazelnut
- gianduja (a chocolate-nut mixture)
- ginkgo nut
- hickory nut
- litchi/lychee/lychee nut
- macadamia nut
- marzipan/almond paste
- Nangai nut
- natural nut extract (i.e., almond, walnut)
- nut butters (i.e., cashew butter)
- nut meal
- nut meat
- nut paste (i.e., almond paste)
- nut pieces
- pecan
- pesto
- pili nut
- pine nut (also referred to as Indian, pignoli, pignolia, pignon, piñon, and pinyon nut)
- pistachio
- praline
- shea nut
- walnut

Tree nuts are sometimes found in the following:

- black walnut hull extract (flavoring)
- natural nut extract
- nut distillates/alcoholic extracts
- nut oils (i.e., walnut oil, almond oil)
- walnut hull extract (flavoring)

Keep the following in mind:

- Mortadella may contain pistachios.
- Tree nut proteins may be found in cereals, crackers, cookies, candy, chocolates, energy bars, flavored coffee, frozen desserts, marinades, and barbeque sauces.
- Ethnic restaurants (i.e., Chinese, African, Indian, Thai, and Vietnamese), ice cream parlors, and bakeries are considered high-risk for people with tree nut allergy due to the common use of nuts and the possibility of cross contamination/cross contact, even if you order a tree-nut-free item.
- Tree nut oils are sometimes used in lotions and soaps.
- There is no evidence that coconut oil and shea nut oil/butter are allergenic.
- Many experts advise patients allergic to tree nuts to avoid peanuts as well.
- Talk to your doctor if you find other nuts not listed

How to Read a Label for a Shellfish-Free Diet

All FDA-regulated manufactured food products that contain a crustacean shellfish as an ingredient are required by U.S. law to list the specific crustacean shellfish on the product label.

Avoid foods that contain shellfish or any of these ingredients:

- barnacle
- crab
- crawfish (crawdad, crayfish, ecrevisse)
- krill
- lobster (langouste, langoustine, Moreton bay bugs, scampi, tomalley)
- prawns
- shrimp (crevette, scampi)

Mollusks are not considered major allergens under food labeling laws and may not be fully disclosed on a product label.

Your doctor may advise you to avoid mollusks or these ingredients:

- abalone
- clams (cherrystone, geoduck, littleneck, pismo, quahog)
- cockle
- cuttlefish
- limpet (lapas, opihii)
- mussels
- octopus
- oysters
- periwinkle
- scallops
- sea cucumber sea urchin
- snails (escargot)
- squid (calamari)
- whelk (Turban shell)

Shellfish are sometimes found in the following:

- bouillabaisse
- cuttlefish ink
- fish stock
- glucosamine
- seafood flavoring (i.e., crab or clam extract)
- surimi

Keep the following in mind:

- Any food served in a seafood restaurant may contain shellfish protein due to cross-contact.
- For some individuals, a reaction may occur from inhaling cooking vapors or from handling fish or shellfish.

How to Read a Label for a Fish-Free Diet

All FDA-regulated manufactured food products that contain fish as an ingredient are required by U.S. law to list the specific type of fish on the product label.

- More than half of all people who are allergic to one type of fish also are allergic to other fish, so allergists often advise their patients to avoid all fish.
- Finned fish and shellfish do not come from related families of foods, so being allergic to one does not mean that you will not be able to tolerate the other. Be sure to talk to your doctor about which kinds of fish you can eat and which to avoid.
- The term "fish" encompasses all species of finned fish, including (but not limited to):

- | | | | |
|-------------|-------------|-----------|-------------|
| • anchovies | • haddock | • pike | • snapper |
| • bass | • hake | • pollock | • swordfish |
| • catfish | • herring | • salmon | • tilapia |
| • cod | • mahi mahi | • scrod | • trout |
| • flounder | • perch | • sole | • tuna |
| • grouper | | | |

Fish is sometimes found in the following:

- | | | |
|---------------------------------------|------------------------|-------------------------------------------------------------------------|
| • Caesar salad/dressing | • fish oil | • surimi (artificial crabmeat also known as "sea legs" or "sea sticks") |
| • caponata (Sicilian eggplant relish) | • fish sauce | • worcestershire sauce |
| • caviar | • imitation fish | |
| • Fish gelatin | • pizza | |
| • kosher gelatin, marine gelatin | • seafood flavoring | |
| | • shark cartilage, fin | |
| | • sushi | |

Keep in mind the following:

- Some sensitive individuals may react to aerosolized fish protein through cooking vapors.
- Seafood restaurants are considered high-risk due to the possibility of cross contamination/cross contact, even if you do not order fish.
- Ethnic restaurants (i.e., Chinese, African, Indonesian, Thai, and Vietnamese) are considered high-risk because of the common use of fish and fish ingredients and the possibility of cross contamination/cross contact, even if you do not order fish.

20-5-420. Self-administration or possession of asthma, severe allergy, or anaphylaxis medication. (1) As used in [20-5-421](#) and this section, the following definitions apply:

(a) "Anaphylaxis" means a systemic allergic reaction that can be fatal in a short time period and is also known as anaphylactic shock.

(b) "Asthma" means a chronic disorder or condition of the lungs that requires lifetime, ongoing medical intervention.

(c) "Medication" means a medicine, including inhaled bronchodilators, inhaled corticosteroids, and autoinjectable epinephrine, prescribed by a licensed physician as defined in [37-3-102](#), a physician assistant who has been authorized to prescribe medications as provided in [37-20-404](#), or an advanced practice registered nurse with prescriptive authority as provided in [37-8-202\(1\)\(h\)](#).

(d) "Self-administration" means a pupil's discretionary use of the medication prescribed for the pupil.

(e) "Severe allergies" means a life-threatening hypersensitivity to a specific substance such as food, pollen, or dust.

(2) A school, whether public or nonpublic, shall permit the possession or self-administration of medication, as prescribed, by a pupil with asthma, severe allergies, or anaphylaxis if the parents or guardians of the pupil provide to the school:

(a) written authorization, acknowledging and agreeing to the liability provisions in subsection (4), for the possession or self-administration of medication as prescribed;

(b) a written statement from the pupil's physician, physician assistant, or advanced practice registered nurse containing the following information:

(i) the name and purpose of the medication;

(ii) the prescribed dosage; and

(iii) the time or times at which or the special circumstances under which the medication is to be administered as prescribed;

(c) documentation that the pupil has demonstrated to the health care practitioner and the school nurse, if available, the skill level necessary to self-administer the asthma, severe allergy, or anaphylaxis medication as prescribed; and

(d) documentation that the pupil's physician, physician assistant, or advanced practice registered nurse has formulated a written treatment plan for managing asthma, severe allergies, or anaphylaxis episodes of the pupil and for medication use, as prescribed, by the pupil during school hours.

(3) The information provided by the parents or guardians must be kept on file in the office of the school nurse or, in the absence of a school nurse, the school's administrator.

(4) The school district or nonpublic school and its employees and agents are not liable as a result of any injury arising from the self-administration of medication by the pupil unless an act or omission is the result of gross negligence, willful and wanton conduct, or an intentional tort. The parents or guardians of the pupil must be given a written notice and sign a statement

acknowledging that the school district or nonpublic school may not incur liability as a result of any injury arising from the self-administration of medication by the pupil and that the parents or guardians shall indemnify and hold harmless the school district or nonpublic school and its employees and agents against any claims, except a claim based on an act or omission that is the result of gross negligence, willful or wanton misconduct, or an intentional tort.

(5) The permission for self-administration of asthma, severe allergy, or anaphylaxis medication is effective for the school year for which it is granted and must be renewed each subsequent school year or, if the medication expires or the dosage, frequency of administration, or other conditions change, upon fulfillment of the requirements of this section.

(6) If the requirements of this section are fulfilled, a pupil with asthma, severe allergies, or anaphylaxis may possess and use the pupil's medication as prescribed:

- (a) while in school;
- (b) while at a school-sponsored activity;
- (c) while under the supervision of school personnel;
- (d) before or after normal school activities, such as while in before-school or after-school care on school-operated property; or
- (e) while in transit to or from school or school-sponsored activities.

(7) If provided by the parent, an individual who has executed a caretaker relative educational authorization affidavit pursuant to 20-5-503, an individual who has executed a caretaker relative medical authorization affidavit pursuant to 40-6-502, or a guardian and in accordance with documents provided by the pupil's physician, physician assistant, or advanced practice registered nurse, asthma, severe allergy, or anaphylaxis medication may be kept by the pupil and backup medication must be kept at a pupil's school in a predetermined location or locations to which the pupil has access in the event of an asthma, severe allergy, or anaphylaxis emergency.

(8) Immediately after using epinephrine during school hours, a student shall report to the school nurse or other adult at the school who shall provide followup care, including making a 9-1-1 emergency call.

(9) Youth correctional facilities are exempt from this section and shall adopt policies related to access and use of asthma, severe allergy, or anaphylaxis medications.

History: En. Sec. 1, Ch. 306, L. 2005; amd. Sec. 33, Ch. 519, L. 2005; amd. Sec. 23, Ch. 44, L. 2007; amd. Sec. 1, Ch. 346, L. 2007; amd. Sec. 4, Ch. 393, L. 2007; amd. Sec. 7, Ch. 442, L. 2007; amd. Sec. 1, Ch. 189, L. 2013.

Retrieved from <http://leg.mt.gov/bills/mca/20/5/20-5-420.htm> on January 8, 2015

Montana Code Annotated 2013

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20-5-421. Emergency use of epinephrine in school setting. A school, whether public or nonpublic, may maintain a stock supply of autoinjectable epinephrine to be administered by a school nurse or other authorized personnel to any student or nonstudent as needed for actual or perceived anaphylaxis. A school that intends to obtain an order for emergency use of epinephrine in a school setting or at related activities shall adhere to the following requirements:

(1) A school that stocks an epinephrine autoinjector shall develop a protocol related to the training of school employees, the maintenance and location of the epinephrine autoinjector, and immediate and long-term followup to the administration of the medication, including making a 9-1-1 emergency call.

(2) The epinephrine autoinjector must be prescribed by a physician, advanced practice registered nurse, or physician assistant. The school must be designated as the patient, and each prescription for an epinephrine autoinjector must be filled by a licensed pharmacy.

(3) The school shall provide training to authorized personnel. The training must include causes of anaphylaxis, recognition of signs and symptoms of anaphylaxis, indications for the administration of epinephrine, the administration technique, and the need for immediate access to a certified emergency responder. Training must be provided by a school nurse, certified emergency responder, or other health care professional.

(4) The epinephrine autoinjector must be kept in a secure and easily accessible location.

(5) A school nurse or other authorized personnel may, in good faith, administer the epinephrine to any student or nonstudent who is experiencing a potential life-threatening anaphylactic reaction based on the protocol developed by the school.

(6) If a school stocks an epinephrine autoinjector that has been prescribed to the school, that school shall inform parents or guardians about the potential use of the epinephrine autoinjector in an anaphylactic emergency. The school shall make the protocol available upon request.

(7) In accordance with the provisions of 27-1-714, a school district or nonpublic school and its employees and agents are not liable as a result of any injury arising from the administration of epinephrine to a student or nonstudent unless an act or omission is the result of gross negligence, willful or wanton misconduct, or an intentional tort.

Retrieved from <http://leg.mt.gov/bills/mca/20/5/20-5-421.htm> on January 8, 2015



PARENTING A CHILD WITH A LIFE THREATENING ALLERGY

The information in this handout was taken directly from AllergyHome.org, *Living Confidently with Allergies, Food Allergy Challenges* at <http://www.allergyhome.org/handbook/table-of-contents/food-allergy-challenges/> 2014.

Managing Anxiety & Feeling in Control

As a parent it is very common to feel worried about your child having an allergic reaction. This concern can help to motivate you and your family to learn how to manage food allergies. With the right information, you begin to understand the possible risks for your child and how to reduce them. This helps to keep your anxiety under control so that you can help your child feel confident about managing allergies. Here are some things to keep in mind.

Get the facts. If you are not sure about the level of risk in a certain situation, talk to your child's doctor, patient organization or a local support group. If you don't have the facts, it is easy to worry and difficult to find solutions.

Remember that ups and downs are normal. It is normal to experience some anxiety after major life changes, including when your child is first diagnosed with a food allergy or when they start a new activity, such as entering childcare, starting school or going to a friend's home. You will learn to find routines that keep your child safe and work for your family.

Find a support group in your area. Allergy support groups can provide valuable information and understanding and show you that other families are successfully living with allergies.

Be available for difficult conversations. If your child thinks that a topic is off limits or makes you feel uneasy, they may not talk to you. Sometimes they fill in the details with their imagination, which can be more frightening than reality.

Remember that your child learns from you. When your words and behavior show that you are confident, your child will feel the same. Try not to use words that can scare your child such as describing them as "deathly allergic" or saying "this food can kill my child". Instead, talk about the fact that food allergies can be managed.

Empower your child. Increase your child's sense of control by involving them in managing their allergy. Help them build their skills, such as reading food labels and learning how to use their auto-injectors.

Prepare your child for new situations. Visit new places ahead of time and introduce your child to the adults who will take care of them. Tell your child about plans to keep them safe, including emergency steps.

Problem solve with your child. If your child is worried about a situation, talk to them about their concerns and ask them what they and others could do to help. For older children, writing the plan down may make it feel more "official."

"The lessons you teach your child when they are young will help them to self-manage as they get older."

"If you or your child is feeling increased anxiety, talk to your doctor. They may refer you to a specialist who can help you develop coping strategies that work for you."

Teaching Others About Food Allergy

In order to keep your child safe, you must become confident with educating others about food allergies. When other people look after your child, it is important that you teach them about your child's allergy, including details on how to prevent and how to treat a reaction.

Be patient as others try to learn about your child's allergies. Food allergy may be new to them. Take the time to explain why certain steps are necessary to prevent an allergic reaction and what to do in an emergency. Use language that is easy to understand and keep in mind possible cultural and age differences in people's understanding of allergy.

Speak in a calm manner. You should explain that although food allergies are serious, they can be managed. Be open to answering questions and talking about concerns that others may have.

Avoid using scare tactics or high emotion to convince others to take allergies seriously. Such tactics will probably have a negative effect. People may think that you are over-reacting or feel uncomfortable taking care of your child.

If you are having difficulty getting someone to understand or take your child's allergies seriously, try a different approach. There may be times when you feel others "just don't get it", no matter what you say or do. This could be due to a number of reasons. It can be helpful to give information from trusted sources, such as your child's doctor or an educational handout or website. Sometimes, asking someone else to speak with the person can help, too

When Children Feel Different or Frustrated

Sometimes children feel different because of their allergy. It is normal for them to want to be just like other kids. You can help your child when they go through a difficult time.

Listen to your child. When your child is upset or worried, listen without interrupting them. You may want to say, "It will be fine" or to try to fix the problem but remember that it can be helpful for them to talk about their concerns and let them know you "get it".

Help them come up with solutions to problems. Children can feel more in control if they participate in making decisions. Even young children can be involved in decisions such as choosing safe snacks.

Let your child know that you are proud of the choices they make. The opinions of their friends and classmates matter, but yours does too! For example: "I know it was hard when you couldn't eat the treat at school today, but I was so proud that you said no thank you. Let's pick out a great snack now."

Thank your child for coming to you with their concerns. Tell them that you always want to know if they are having a difficult time.

Remember that there is more to your child than just their food allergy. Do your conversations focus only on their allergies? Make sure that you talk about their achievements.

Teach your child how to handle bullying and teasing. These are serious matters that should never be ignored. Tell your child to get help from an adult if they ever feel threatened. Let them know that it is their right to be safe and treated with respect by others and they are not tattling on others. Speak with the teacher or principal about your child's situation when necessary.

Teaching Children

- Show them how to teach their friends about their food allergies. When friends get involved they are usually helpful and want to choose activities that include your child. This helps your child feel supported and confident.
- Use children's books, videos and other resources to help your child and their friends learn the facts about food allergy.
- Encourage your child to participate in a wide variety of activities. This is important for all children to reduce stress and feel good about themselves.

You are a Role Model.

Teaching your child about food allergies is necessary for their safety and confidence. Your goal is to empower your child with the knowledge and skills that will help them safely participate in all daily activities.

Be reliable. When you always read labels and carry emergency medication, your child will learn that this is important to do in order to stay safe. Even young children are watching and learning!

Teach your child why it's important to follow allergy rules. Try to teach in a way that they can understand. This will differ by age and development. Routines give your child a sense of comfort and security. Use children's allergy books as teaching tools to encourage habits such as hand washing. Even toddlers can learn this practice.

Encourage honest and open communication. Your child should feel able to share their feelings and information, without fear of being punished. This includes situations where allergy rules were broken. If a child is afraid, they may hide this information from you and you will lose the chance to problem-solve together.

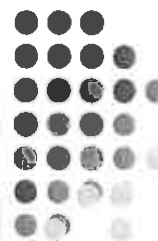
Plan ahead for food-related events. Children may enjoy preparing for events like birthday parties. Help them to find ways to deal with common problems that may arise.

Teach your child how to say "no thank you" politely. If they are not sure if a food is safe, they should feel confident about saying "no thank you". This skill should be taught as early as possible. Use role playing to practice the words that they can use so that they feel confident in real situations.

Try not to use terrifying words to describe allergy. Your child is listening to conversations that you have with others, so try to avoid using words like "deathly allergic". For young children, phrases like "eggs can make you sick" or "peanuts are not safe for your body" may work. As children get older, they may be able to understand the role of the immune system. For example, "the immune system, the part of the body that usually fights germs, mistakes the food for something harmful. When the immune system fights back, that causes the allergic reaction".



Food Allergy Tips for PTA Leaders



School Community

PTAs often serve as the glue that binds the school community together. As a PTA leader, you play a critical role in creating an atmosphere of acceptance and inclusivity for all students. Children with food allergies can have life-threatening reactions with exposures to even tiny amounts of allergen. All food allergies need to be taken seriously. Strict avoidance of food allergens is the only way to prevent a reaction.



Let's help "make every child's potential a reality by engaging and empowering families and communities to advocate for all children."

Kids with food allergies need to do certain things to stay safe. Sometimes the constant need to avoid allergens and be prepared for an allergic reaction can set these members of our school communities apart from their peers. Unfortunately, students with food allergies are sometimes excluded from activities or experiences and sometimes the subject of bullying, teasing or harassment. Fortunately, with an aware and understanding community, children with food allergies can participate in and benefit from all the great experiences and opportunities that their peers do.

FOOD ALLERGY FACTS

- 1 in 13 children in America has a food allergy (2 children in every classroom)
- Food allergies can be life-threatening and need to be taken seriously
- Strict avoidance of the food allergen is the only way to prevent a reaction
- Children can be allergic to any food, but 90% of children are allergic to one or more of the following foods: milk, egg, peanut, tree nut, fish, shellfish, wheat and soy
- 35% of children with food allergies have been bullied due to their allergy
- Outside foods are a common cause of allergic reactions in the classroom

Planning Events: Consider Non-Food Options

With food allergies on the rise, your PTA can make a huge difference to help ensure that all students in your community can safely participate.

Consider putting each event/activity through a 3-point checklist:

1. What is the goal of the event/activity?
2. Can this goal be achieved without food? (If so, eliminate it.)
3. If not, how can we choose foods that will allow everyone in our school community to fully & safely participate? (The answer to this will vary based on the specific needs of your school community. Check out some simple tips at right!)

Tips to Make PTA Events Safe & Inclusive

- Avoid using food when possible
- If not possible to eliminate all food, choose activities and foods that allow all children to safely participate
- Engage parents of children with food allergies in PTA event planning process. They are a valuable resource!
- Use individually wrapped and labeled foods at event. This helps prevent cross-contact and allows parents to read labels to ensure child safety
- Do not serve food to any child without parent knowledge and consent
- If food is served, try to keep it isolated to one area and encourage hand washing afterward
- Provide means for children to wash their hands, as necessary (Commercial wipes okay. Hand sanitizer not sufficient.)
- Invite parents of children with food allergies to attend events and monitor their child.
- Be aware that some non-food items, such as craft supplies, may contain allergens
- Adult attitudes can have significant impact on how children with food allergies are treated.

Make it a priority to create a caring environment!

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For more information see Schools.AllergyHome.org and PTA.org

Responsibility and Communication Graphic Flow

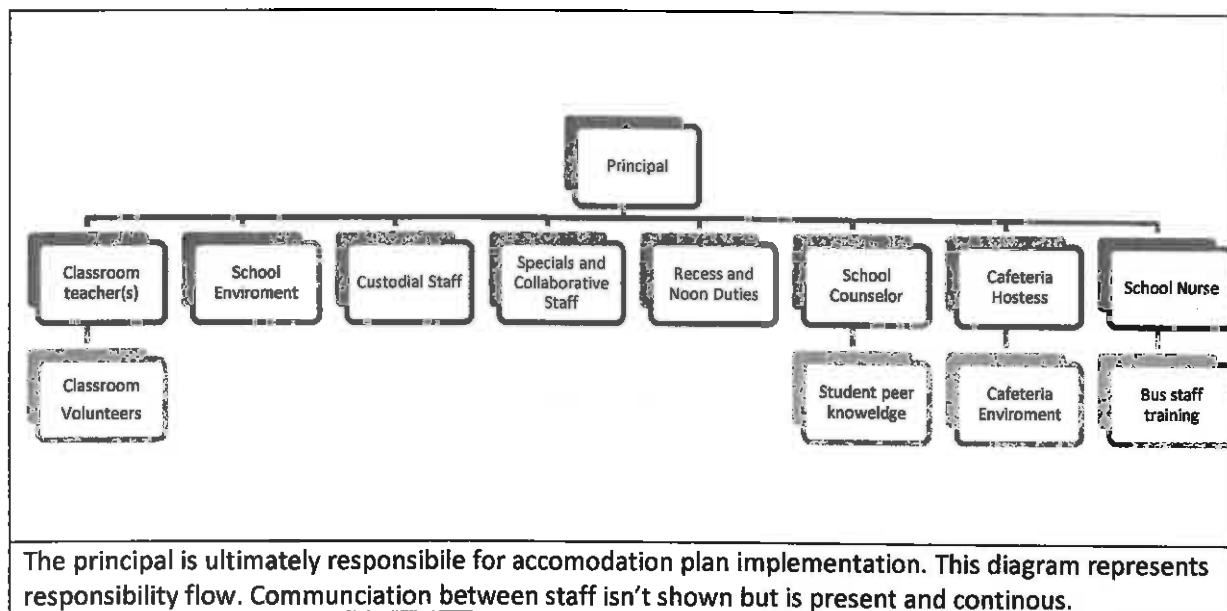
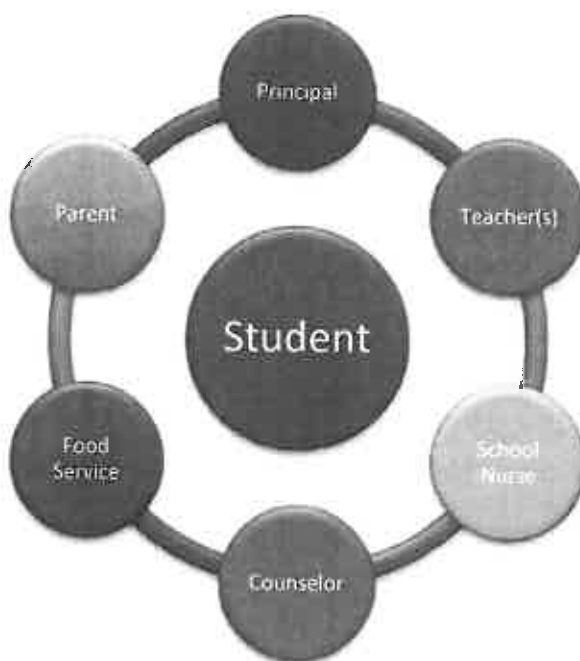
These diagrams visually summarize the communication and responsibilities for students with life threatening allergies. See the role checklists for details.

Section 504 Team

While exact accommodation team members can vary, this represents typical team members for life threatening allergies.

Student needs for learning opportunities and to be safe at school is the focus.

Students should attend as age appropriate.

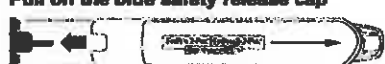
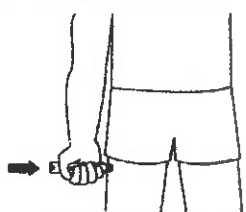
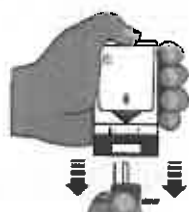
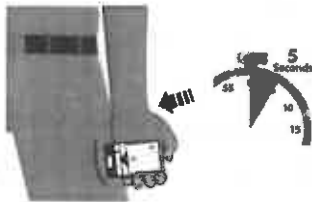


Missoula County Public Schools Protocol for Emergency Use of Stock Epinephrine in Anaphylaxis

This protocol is to be implemented by any staff member for any student or non-student who may be experiencing anaphylaxis as according to Section 20-5-420, MCA and by Missoula County Public School Board policy 3416.

Follow individualized student plans when readily available.

Anaphylaxis is an acute and potentially lethal multisystem allergic reaction. Unlike common allergy, anaphylaxis onset may be sudden and requires instant action to prevent fatality. Common causes of anaphylaxis are foods, insect stings, medications or latex.








<p>EPIPEN Auto-Injector and EPIPEN Jr Auto-Injector Directions</p> <ul style="list-style-type: none"> ▪ First, remove the EpiPEN Auto-Injector from the plastic carrying case ▪ Pull off the blue safety release cap  <ul style="list-style-type: none"> ▪ Hold orange tip near outer thigh (always apply to thigh)  <ul style="list-style-type: none"> ▪ Swing and firmly push orange tip against outer thigh. Hold on thigh for approximately 10 seconds. Remove the EPIPEN Auto-Injector and massage the area for 10 more seconds 	<p>Auvi-Q™ (Epinephrine Injection USP) Directions</p> <p>Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.</p>  <p>Pull off RED safety guard.</p> <p>Place black end against outer thigh, then press firmly and hold for 5 seconds.</p>  <p>Auvi-Q epinephrine injection, USP 0.15 mg/0.3 mg auto-injectors</p>
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SEE OTHER SIDE FOR RECOGNITION OF AND ACTION FOR ANAPHYLAXIS

(Form creation date May 2014)

Protocol for Emergency Use of Stock Epinephrine in Anaphylaxis

- For person who has **no known allergen exposure AND no history of allergies**:
 - Proceed with emergency response if two symptoms below are present or if they have ANY (even mild) skin, mouth or eye involvement AND any lung or heart symptoms listed below.
- For person with **likely allergen exposure or known history of allergy**:
 - Proceed with emergency response if ANY symptoms listed below.

ANAPHYLAXIS RECOGNITION: ASSESS AND ACT QUICKLY			
 LUNG Short of breath, wheeze, repetitive cough, chest tightness, blue skin and/or lip color	 HEART Pale, blue, faint, weak pulse, dizzy, or confused	 THROAT Tightness, hoarse, trouble breathing or swallowing	 MOUTH Swelling of tongue, lips or back of throat
 SKIN Widespread redness or hives, or eye swelling	 GUT Repetitive vomiting, severe diarrhea, or abdominal cramps	 OTHER Feeling of doom, confusion or loss of consciousness	OR A combination of symptoms from different body areas.
Note: Do not depend on antihistamine or inhalers (bronchodilators) to treat a severe reaction. Use Epinephrine			

EMERGENCY ACTION

1. **Retrieve** epinephrine Auto-injector (Epipen or Auvi-Q).
2. **ADMINISTER EPINEPHRINE** auto-injector for known or suspected anaphylactic reaction*.
 - *IF IN DOUBT, ADMINISTER EPINEPHRINE!**
 - a. PK- 2nd grade (or under 66 pounds if known) – use green EpiPen Junior 0.15mg or blue Auvi-Q 0.15 mg
 - b. 3rd grade or older (or over 66 pounds if known) – use yellow Epipen 0.3 mg or orange Auvi-Q 0.3 mg.
3. **CALL 911:** Request ambulance with epinephrine and inform of suspected anaphylaxis/allergic reaction.
4. **Administer** oral Benadryl (Diphenhydramine (chewable or liquid preferred) if person is alert, breathing normally and there is a current signed parent permission (standing order) in the dosages noted.
5. **Administer** 2 puffs of rescue inhaler if the person has their own inhaler prescribed for them and it's available.
6. **Administer** a second dose of epinephrine in 5-10 minutes if the reaction is not improving, worsens or returns.
7. **Remain** with the person and monitor at all times: note signs, symptoms, and time of epinephrine administration. Lay person flat with legs elevated. If person has difficulty breathing or vomiting, have them sit up or turn onto their side.
8. **Notify** emergency contact person, school nurse, and administrator after the above.
9. **Send** the used Epinephrine auto-injector with EMS. Person should go to ER and remain there for 4+hours because symptoms may return.

 Dr. Carl Thornblade / Date

 Dr. Carol Cady/ Date